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PRACTICAL SUGGESTIONS.

PRACTICAL SUGGESTIONS

TOWARDS

ALLEVIATING

THE SUFFERINGS OF THE SICK.

"To those who know them not, no words can paint,
And those who know them, know all words are faint."

PART I.

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PREFACE.

IN a court of justice, the simple statement of an eye-witness makes more impression than the most eloquent harangue unsupported by facts. The Compilers of this little treatise, though unaccustomed to write, are accustomed to nurse, and are conversant with sickness. Whilst, therefore, they give their evidence of the wants and woes of that condition, they “bring in the reports of experience” as to what has a tendency to relieve or to embitter it. Their own urgent want of some exterior suggestions of this kind, during repeated illnesses, inspires them with the wish to do all in *their* power to supply the deficiency. They know that such a manual, how imperfect soever, would have proved useful to themselves, and they are

therefore induced to attempt to furnish one for the accommodation of their fellow-sufferers. They would hope at least to suggest some idea of what might be the desirable points for the attention of those who would appropriately qualify themselves as attendants on the Sick. Most of the observations have been noted down at the moment when their force was felt—under the pressure of personal illness, or the still keener suffering of attendance on a sick friend. They will be found, it is therefore hoped, if not of universal application, yet at least true to nature in general; for it cannot be supposed that the writers have suffered in any very different manner from many others, whose sorrows they tenderly commiserate, and earnestly desire to relieve.

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PRACTICAL SUGGESTIONS,

&c.

INTRODUCTORY CHAPTER.

THOUGH experience itself is not transferable, yet some *results* of it may be communicated, and every thing ought to be made known respecting the sufferings of the Sick, and the means of alleviating them, which it is possible to impart.

The various wants and sufferings, bodily and mental, of the sick-room, can be fully understood by those only who have endured *long* illness themselves;—and the Compilers of this little work have often wished that any one who had tasted of the bitter cup of which they have drunk, had “*written down*” all he had ever wanted or desired in illness—had pointed out the circumstances that had cheered or relieved, and those that had pained or harassed—the articles that had accommodated—the books that had comforted or amused—the attentions that had soothed

and supported—the counsel that had most influenced—in short, the treatment which had altogether best succeeded; that, when all power of originating, or even of recollecting for himself, was gone, the Patient might have some kind of document to which to refer his attendants,—a sort of substitute for those faculties and powers which illness always distorts, or impairs—for that intercourse which Invalids are often no longer able to keep up.

It would indeed be well if eminent physicians, eminent clergymen, eminent nurses, eminent servants, and above all, eminent friends, who had had much attendance in sick rooms, were to bring their individual experience to bear upon this one point: to reduce their knowledge to some general rules or precedents, which might be applied to the mitigation of evils to which all mankind are exposed, and which few wholly escape. But in this science the talents of the most gifted, if they have never been in the costly school of experience, would be found defective—and perhaps as incompetent to guide through the intricate labyrinth of the multiplicity of little cares and unspeakable minutiae of a sick-room, as to write a book on Practical Navigation, without any previous acquaintance with the art of which it treats.

The works hitherto published for the use of

the Sick—excellent as they are in their department—are chiefly intended for their spiritual aid, and for short and dangerous attacks of illness, and are seldom applicable to the depression and debility of protracted disorders; they are written in cold blood, by the healthy; and instead of “coming home to the business and bosom” of the poor Patient, seem to him as though couched in a foreign language. They lay the body out of the question, at the very time when it is becoming to the sufferer, alas! almost every thing. They calculate on more attention and understanding than an Invalid can exert. They do not sufficiently refer to the connexion of mental with bodily suffering; (involved and identified as these are so peculiarly—in illness.) They are, generally speaking, only of occasional application to the Patient himself, who may not be able to use them at all, while the daily and nightly attendant is left uninstructed,—the experienced, though anxious friend, uninformed,—and the wants, or uneasiness of the Invalid unrelieved, because they are unknown and unsuspected. There are many feelings and wants, which an Invalid is unable, at the time, to express, but a previous conception of which, by his friends, through some other channel of communication, would frequently spare much pain, both to himself and them.

Nothing more peculiarly characterises the feeble condition of the Sick, or more forcibly proves its extent, than their being thus dependent, even for the *expression* of their wants. The mind, though unnaturally excited, heavily oppressed, and requiring relief, is too weak to unburthen itself. The sensibility to suffering is thus immeasurably increased, while the power to help themselves—even the very power of directing others how to help them—is gone.

Yet in making an attempt to express the wants, and give utterance to the feelings, of an Invalid, the Compilers are aware that some remarks in the following pages are open to misconception. In setting down any results of their own observation and experience which they thought might be useful under similar circumstances, they have mainly trusted to the friends of each invalid carefully to select what may be suitable to each respective case, and they mention this lest any one should hastily take up the idea that all the alleviations, &c. here suggested are considered desirable in any single case of illness.

The First Part, though intended only for the direct use of the Attendant, might possibly, by undesignedly falling into the hands of the Patient, unhappily become the means of *creating* wants. They would therefore earnestly warn the Invalid

against this mistake, and press upon him the importance of distinguishing between real and imaginary wants, lest he should commence habits which are only to be justified by the pressing exigencies of long protracted illness, or forestall the benefit of those comforts and alleviations which its encreasing necessities so urgently require.

In collecting, or recollecting, what the Compilers of this little manual supposed might prove useful to their fellow-sufferers, they have kept one single object steadily in view—that of suggesting to others any little knowledge which a dear-bought experience has forced upon themselves. There are already so many excellent books adapted for the spiritual interests of the Sick, that they have chiefly confined themselves to a consideration of their lesser and temporal wants; and have been, so to speak, serious only when they could not help it. But when writing on such a subject, this necessity will perpetually occur. They have here also trusted to experience only, reverting always to such passages and expressions as they have felt go to the heart and make most impression. They are persuaded that the incidental introduction of such serious reflections as arise naturally out of the subject, is often the most impressive; and in dealing with so

complex a subject as man, it is as impossible as it would be unwise, to keep altogether out of view his immortal part and his everlasting interests. Indeed, when they considered that it is *frequently in the Sick Chamber* that eternal things first strike the mind as *near* and as *real*, and that serious but not deep views of them are there often exchanged for vivid perceptions and transforming impressions, they could not avoid even a frequent reference to them.

This book is called a compilation, because the Compilers have made free use of any thing they recollected, or met with, that seemed most forcibly to express what they wished to say, only using inverted commas when they were conscious of a quotation. In many instances the sentiment has only been recollected, without any impression to whom they are indebted for it.

The longer Extracts in the Second Part, for the use of the Invalid, are selected from the Scriptures, and from the works of the venerable Taylor, Fenelon, Wilson, and from those of the more modern writers, Scott, Simeon, Bradley, Bowdler, &c. &c.

It is perhaps desirable to observe, that the suggestions are in general addressed chiefly to the affluent, though, as far as they can be fol-

lowed, they are applicable to all. Many of the remedies and alleviations, doubtless, are out of the reach of the Poor, but, in some instances at least, cheaper remedies might be substituted, and much might be done for their benefit, by forming a Manual for their peculiar use. The Compilers regret that the very circumstances which have excited their sympathy towards Invalids in general, have in a great measure disqualified them for this task, by withholding them from the requisite opportunities of being personally, practically, and recently conversant with the wants, circumstances, &c. of the suffering Poor. Dr. Franklin recommends to those who do not know the value of money, to try to borrow some. They might also be referred to the sick-room, there to ascertain its real—its almost exclusive worth. In its power to procure comfort for the Sick and afflicted—in its tendency to assuage the bitterness of their state of dependence, the true and entire value of wealth can alone be estimated. It is the Sick Poor who are the most legitimate claimants, and they ought always to be irresistible objects, of charity and help.

If to the Sick of any rank, their desultory remarks can contribute any comfort, or suggest

any alleviation, the Compilers of the following pages will be most thankful to Him who has commanded his servants to succour the afflicted, to “bear one another’s burthens,” and “to do unto others as they would that others should do unto them.”

CHAP. I.

ACCOMMODATION FOR THE SICK.

No one who has not had experience of sickness can imagine the extreme importance of accommodation for illness having been kept in view in the *first plan* of a house. The recovery of a sick person will even sometimes, under the Divine blessing, depend upon the facilities and accommodations so provided; on the very arrangement of doors and windows, the command of quiet, the access of air, and other circumstances too frequently overlooked. Therefore in suggesting personal accommodations for the Sick, it may be well to begin at the beginning, and to take counsel with the architect. Few persons indeed have the opportunity of building houses for their own occupation, but many have to choose them, and our remarks will also apply to them.

After choosing an airy situation,* and dry and

* The soil a house is built upon is of great importance,—witness Haerlem, in Holland, where the people are like a different race from those around them—where all is life and spirit, with a pervading cheerfulness unknown in the rest of the country.

well-seasoned materials, (*stone* houses are seldom dry,) with a view to the *preservation of health* as much as possible, we should consider, in planning the house, how best to *remove illness*, when it does come, and how most effectually to disarm and soften it during its stay.

Whatever be the size or capacity of the house, there can be no objection to allotting one apartment of it as a sick-room, because whatever best qualifies it for this destination, has some tendency towards rendering it more convenient and comfortable for general purposes also. But even were it otherwise, the arrangements for company and entertainments should surely be held subordinate to a provision against illness, and the superfluities should give place to the necessities of life.

The sick-room should be placed with relation to the rest of the house, so as to be (without having more outside walls than necessary) as near the end of the gallery or passage as possible, for the sake of quietness. If the house be in a town, or on a high road, the front should, of course, be avoided for the sick-room. It must not be over the kitchen. A North aspect (except in cases of pulmonary complaints) is preferable to any other, because if the windows face the South or West there is little power of regulating the admission

of light and air. But if the aspect should not be North, outside Wooden Blinds, made of pieces of wood inclined something like Venetian blinds, are a great luxury, in hot weather, as they exclude the light without excluding the air. The room should be sufficiently spacious and lofty to be airy, and to prevent that perpetual vicissitude of *temperature* which inevitably befalls small rooms. This indeed must be a subject of strict attention, and should always be much regulated by the personal feelings of the Patient. A well-placed *thermometer*, as authority to refer to, is a very desirable luxury.

The *doors* should be so managed as to move without noise from either hinges or locks; to open and shut so silently as not to be heard by the Patient even when awake; to open *from* the wall, (if near one,) and *not on the bed*; they should fit closely; and be so turned as not to admit draughts from the stairs or elsewhere.

The *windows* must be common sash, not casement, or French windows, which do not allow of opening at the top, and are otherwise inconvenient. One of the top panes, the centre one, should be set as casement, and held back by a jointed pin. They should be so hung as to move both quietly and easily, and the shutters and blinds should be so constructed and *divided* as to admit what

quantity of light is desired. Should the room be small, and the bed facing the windows, a light, green curtain, hung at the bottom of the bed, will be found a great comfort.

The *floor* should be so carefully laid as to preclude any one of the planks creaking, as the utmost attention of nurses to keep the room quiet is sometimes frustrated by ignorantly treading on a creaking board. It should also be made of wood so superior in quality as not to require frequent scouring, nor to be always covered with carpets.

The *fire-place*, in all its branches, is a matter of the utmost importance to the comfort of the Patient and his attendants; both mutually concerned in all arrangements—the Patient's comfort being dependent upon the nurse's command of means, as well as upon her kindness and skill. The chimney should be a projecting one, and the recesses *not filled up* by furniture, as contributing to the better temperature of the room, as well as to the convenience of seats. It must be so constructed as to be secure from smoking; which, if an evil even in rooms from which persons can escape, is a cruel one to the poor prisoner, who is also in a condition to be more sensible to such an annoyance. The chimney-piece should be sufficiently low and broad to afford the conve-

nience of putting on candles, and other things, but not so much as to obstruct free access to the fire, in stooping to it, or in throwing on coals.

The *grate* is the most important article in the sick-room. It should be placed low enough to enable you to warm the feet without burning the face—the size of it carefully proportioned to the extent and height of the room. It should not be circular, (as this form soon becomes choked up at the bottom,) nor yet made so as to throw out too fervent a heat, nor so small as to require the fire to be often renewed. It must have hobs, and a small false bar to hang upon the bars, on which to keep a kettle or teapot. The *fender* should be low enough to put the feet on—steady, quiet, and open to the bottom. The fashionable fenders, raised from the floor, not only obstruct the access of warmth to the feet, where it is most wanted, but create a current of air besides. A neat wooden coal-urn should stand by the fire-side, from which the fire may, gradually and quietly, be kept up by the hand with a glove on, and smoke be avoided by the fuel being thus quite dry when put on, instead of being brought straight from a wet yard, or damp cellar. If a shovel be used for taking away the ashes, it should also be made of wood, as it makes a

much less harassing noise than the common iron ones. But a still better expedient, in cases where the Patient is liable to be much annoyed by noise, is, to have an iron ash-tray, or cinder-box, well fitted and placed under the grate, so as to admit of the ashes being all carried away at once. A poker (of wood,* also) is, perhaps, the only one of the usual fire-irons necessary in a sick-room; the others being often in the way, in the busy scene round the fire. *Good coals* are of prime importance.

The Architect having done his part, the *furniture* comes next to be considered, and is of no small consequence. Physicians speak of one advantage, among others, which their hospital practice possesses over domestic attendance, viz. that “there is very little furniture in the wards.” In cases of infectious disease, this is a most material point, and in all cases it is certainly best to exclude every superfluous article, and to admit nothing beyond what has reference to the accommodation of the Invalid; for instance, there should be no carpet in the room, except it be divided into such pieces as are removable at pleasure; no worked or dressed toilettes;—and such drawers, book-cases, &c. as are immediately

* Apple-tree is a wood that does not easily burn—a poker made of deal is speedily consumed.

requisite for the supply of the sick-room, should rather stand in an adjoining apartment. Into such an apartment a door should open out of the Invalid's chamber, as well as one from the landing-place. This supplementary or ante-room must, indeed, be considered on every account an almost necessary adjunct.

To this room water should be conveyed by pipes to a sink of lead or pewter, (not marble, on account of noise,) for the use of the sick-room.

The *Bed* must not stand in a recess; not only as confining the air, but as inconvenient for attendance, &c.; nor opposite the windows; nor very near the fire. The tester should be lofty, for the sake of air for the Patient, and the bedding rather low, to give the nurses more command and reach over it. The feather-bed should be made with peculiar care. The feathers should be old, or very well stoved, if new. It should have a second cover over the ticking, of strong close calico, jean, or other material, so as to prevent the escape of the flue. Without this precaution all other attempts to secure the room from dust will prove ineffectual. The curtains should be hung on an iron rod; not stiffened so as to be noisy; not soft, or flimsy, so as to drag after you; not of glaring colours, as white or red. Should they be made of washing materials, a supernu-

merary curtain and valence, (and in very long illness, even supernumerary pieces for the tester and bed-head,) would be found extremely convenient; thus admitting of one curtain or valence being washed at a time, without subjecting the Patient to any inconvenience from its absence. An accommodation still greater than the one just mentioned will be afforded by having one or two large bed-pockets attached to the curtain, and suspended about the height of the bed-stocks, so as to be within the Patient's reach while in a reclining posture. In many cases it may be important that the curtains should have no figure or pattern in them of any kind, and the walls of the room thus appropriated to the Sick should be coloured with one uniform colour.*

Where the room is sufficiently spacious to admit of it, there should be a couch, or *second bed*, into which the Patient may be occasionally removed. When the sufferer is not able to sit up while the bed is made, this is frequently a very important advantage.

A *table* should be placed in a corner of the

* We have known the Sick greatly distressed by *hunting* figures of different kinds—and by pursuing lozenges and other figures of different sizes from spot to spot, when the functions of the brain were a little disturbed. Spotted, chequered, or wavey patterns are perhaps the most annoying. The experiments of Dr. Darwin afford a satisfactory explanation of this phenomenon.

room, or wherever it will be least in the way, and a clean napkin *tied* over it every morning, on which should be placed the medicines and directions in *present use*, and *none else*; a spoon, a cup of fresh water, &c. &c. And on another table, pen, ink, and paper should be kept always ready for the physician to write his prescriptions, and prospective directions, (the latter necessary, if in the country,) also for the attendants to report progress, and to note down, and *date* from hour to hour, in the absence of the physician, every symptom that may have appeared, the exact time when medicines have been taken, and any other occurrence that might be interesting for him to know, that he may learn every thing quietly when he returns, and that nothing may be forgotten. Circumstances that sometimes appear trifling to attendants turn out to be important to the physician, whose judgment often detects their remoter relation to the disease, and discovers important symptoms in their causes, or serious consequences in their effects.

If the room be large enough, there may also be a small table that can be easily and quietly moved about, for the convenience of an attendant, sitter-up, &c.

Two light *chairs* (besides the easy chair,) may complete the furniture of the sick-chamber; a

greater number should not be required, as more than two people should seldom be allowed to sit in the room at the same time.

It is particularly desirable to a sick person, that all the *bells* in the house should be well hung. They should have easily-distinguishable sounds or situations, to spare to both parties the vexations and inconveniences arising from servants having to go from room to room to learn which bell was rung, causing, perhaps, interruption where they are not wanted, and delay where they are. It is also desirable to have two *pulls* to the bell in the sick chamber, the one close to the bed, and the other at the fire, or some other convenient place. A Time-piece, with a large face that may easily be seen in the night, is by some persons thought a luxury.

In the adjoining, or ante-room, there should be a bed; a chest of drawers, that open and shut easily; a table;—a closet, which should contain such of the articles of which there is a list in the Appendix, No. 1, as are thought requisite. These should always be kept in good order, and *ready* for immediate use. And a Book-case, which might include with advantage many of the books in the catalogue, which will also be found in the Appendix, No. 2.

A book of memoranda should likewise be at hand, wherein may be registered what has been done, or what should have been done, in the case of any particular accident or illness; as well as the authority recorded, by which such means have been used or recommended,—care being taken, in the future application of such recorded experience, that the cases be really similar.

In situations where the physician is distant, and something is necessary to be done before his arrival, it may be observed that home practitioners should rather keep within, than exceed, the usual dose that they have known ordered, or find prescribed in their memorandum book on former occasions.

Medicines should be distinctly labelled, and every thing carefully marked on the outside.

No medicine (as laudanum, &c.) which, taken in a large dose, is poison, should be kept in a dangerous quantity in any one bottle.

In large families, where a closet may be appropriated to medicines, it might be well to have pasted on the inside of the door, directions where Leeches may be had—what is to be done in cases of emergency—burns, scalds, deep cuts, drowning, fits, falls down stairs, &c. &c. In sudden emergency, it saves much confusion to have all

appeals and recollections (which latter are seldom within call when most wanted) spared, by some resources of this kind.

If in the country, the medicines generally first wanted should be kept ready, with weights and scales, written directions, a lancet, &c.

An Invalid should read only such books as are easily seen and understood, therefore they should be only such as are written in intelligible language, and in a clear and simple style. Whatever excites eager attention; whatever perplexes or requires an exertion of the reasoning faculties, is immediately injurious—raising the pulse, and inducing head-ache. The eyes should be spared as much as possible, by being indulged with large print;—and the strength also, by having only light volumes to handle.

Narrative is the least injurious reading for Invalids; and travels, biography, history, or any subjects that carry them away from themselves, the most salutary—having an effect on the mind and spirits similar in kind, though less in degree, to that produced on the body by change of air and scene.

Should the Invalid be too ill to read himself, yet not too ill to be read to, the same considerations apply to the nurses and friends, as they have often little light, and sometimes an incon-

venient seat, posture, &c., which may render any reading, requiring much attention, a painful effort.

Travels or history are better than novels, or too interesting stories—such being seldom cheerful, and being liable to excite and keep awake, rather than to lull and soothe—sometimes even to interest so much as to interfere with the recollection of the hours for medicine. In violent pain, however, when not attended with much fever, (such as tooth-ache, burn, or other accident,) the reading should be the most interesting possible; the object being, in such cases, to divert the attention from the pain. We may observe, however, (though speaking only in behalf of *health* and present comfort,) that such histories and stories as are connected with religion are most eligible—not only as being most congenial to the situation, but as awakening more enlarged and extended interest, as gently disengaging our minds from that world we may soon be obliged to quit—as insensibly enlivening our views and hopes of that to which we are likely soon to remove—as, at least, escaping from those cares and objects now become distasteful or remorseful, and as preparing us to return to worldly pursuits (if we do return) with a juster and more correct estimate of the value of both worlds.

CHAP. II.

SUGGESTIONS TO THE NURSE AND
ATTENDANTS.

“Heaven decrees
To all, the gift of minist’ring to ease.”

HANNAH MORE.

THE comfort, and perhaps the life of Patients, are often, humanly speaking, more in the hands and at the mercy of the Nurse than of the Physician—or even than of the disease; and yet, when we would give directions to nurses, we almost hesitate to dwell upon the trifles that present themselves, in the discharge of their duties. But to one who is condemned to long illness, trifles lose their insignificance, and become great events; they are all the world to the poor prisoner of a few feet square—all *this* world—and this feeling of their importance must be considered as one of the bitterest circumstances of his condition.

A good nurse has something beyond mere technical feeling, as well as more than merely ordi-

nary knowledge and qualifications; and she will also soon acquire that tenderness for her charge, that will lead her to adopt the *same* estimate of trifles. This estimate may not, however, be of very easy acquisition in more advanced years. We would therefore earnestly press upon the young, if any such should read these pages, to cultivate a careful attention to little things, as they affect others, together with a disregard of them, as concerns themselves.* Both are essential to a Good Nurse; for however willing persons may be to disregard their own comfort for the sake of an Invalid, an Invalid cannot easily accept such sacrifices, unless they are habitual, consequently, made with little effort.

* We believe that some young persons have encouraged rather than checked a sensibility to trifles, from false ideas of delicacy and refinement; but these qualities are best shown by such a quick perception of, and attention to, the feelings of others, as necessarily involves a forgetfulness of our own. To most young persons it is an object of ambition to be able skilfully to administer to the sick and alleviate their sufferings, and we would recommend them to embrace the earliest opportunity of learning to perform those various little services in which some knowledge, and some dexterity of hand, are required, and which many are called upon to perform for the first time in cases of extreme suffering or danger, where previous practice or experience would have been an incalculable comfort. Some of these offices are not in themselves pleasant, and therefore require being *sought*. A friend will not like to ask a service from one who it is to be feared will shrink from it, and it should be remembered that it is in the performance of those very offices that delicacy is most required, and nicety most valued.

It is somewhere said, "If we do not serve those we love, at least we generally love those we serve." She will become sensible that though her duty is laid out in *little* offices, her account of work made up of *small* items, yet that the sum total of comfort imparted—or of pain inflicted—is large—is incalculable.

Where a succession of attendants is necessary, whether they be servants or relatives, it is well to have one to superintend, to be responsible for direction and care—to take charge of the medicines, diet, &c., and to instruct those whom she leaves in charge, what is to be done during her hours of rest and absence. Without such an arrangement, if several *take it in turns* to attend the Patient, there must be wanting that *unity* of action upon which sometimes life itself depends. One attendant will frustrate and (from coming new to the employment) counteract another—or there will be an interruption of measures. In such cases, or where there is a variety of medicines to be administered, it is very desirable to adopt the suggestion page 17—viz. to have the directions written, by the Physician, or by the person to whom he delivered them, at the top of a sheet of paper, and to have each medicine given noted down and dated by the person who administers it. Where a Physician does not

write his instructions, it would often prevent mistakes for the person to whom he gives them to repeat to him what she understands he wishes to be done. One person should *preside night and day*, with subalterns and delegates, to allow of time for rest, and to spare fatigue to the principal.

All the best appointed means and best conducted plans may be frustrated, from one single link of the chain being dropped or lost; especially if that link be the one coming next in contact with the Patient.

Perhaps there is no general rule more important to attend to than this—to use the knowledge gained either from our own experience or that of others, chiefly to quicken our observation, and be guided rather by what we *observe* in any particular case to be beneficial, than by what we *expected* to be so. Each case is so modified by the character and circumstances of the individual, and by the nature and stage of the disease, that it is never safe to judge merely by what we have known of the same disease in another person, or of the same person in another disease.

In watching over the Sick, nurses should endeavour to accommodate the minds as well as bodies of their Patients; and, by attentively learning *what they like*, and acquiring some knowledge of their tastes and habits, they will not only be-

come more and more useful to them, but will also save themselves much trouble and difficulty. *Attention without officiousness* seems indeed the important foundation for this useful and truly important office. Experience will supply the only means of acquiring the *qualifications*, and where there is a kind temper as well as fair judgment this acquisition will be soon made.

These, however, are very comprehensive requirements ; for to possess a competency—of temper especially—for *well* sustaining this post, nothing less than the influence of Christian motive and of a Christian spirit will entirely suffice ; the invariable self-command, self-denial, compassion, and humility, that best qualify for it, are vainly attempted to be learned in any other school than that of the Gospel. When the irritation of voice and manner—*often unavoidably and blamelessly produced by illness*—gives pain to the nurse, she must act under St. Paul's directions, and “bear it as doing service unto the Lord, and not unto men, with singleness of heart.” She must shew no eagerness to justify herself ; she must speak mildly, though not lightly—good humouredly, though not unfeelingly.

When the Patient is able to give directions, (often he may not immediately be so,) the attend-

ant should rather wait to receive them, than too earnestly propose any suggestions.

A tearful or melancholy countenance has, in itself, a depressing effect; and a steady, cheerful temper of mind and manner is almost as requisite in a nurse, as tenderness and affection. It is desirable that even tenderness and affection should not be too strongly manifested, since their expression has frequently an agitating, and therefore injurious, effect on the weakened spirit of an Invalid. Calm and composed demeanour, equally removed from too much or too little feeling, appears to be the desideratum in a good Nurse.

In a sick room, or within the Patient's hearing, it is better, if the Patient be awake, to speak distinctly, though quickly, than to whisper, as the latter mode often stretches the attention to listen, or else gives the trouble of asking what was said; and though he is frequently unable to notice it, yet it may be injurious to the sufferer, from exciting many inquiring ideas. If the Patient wishes to be read to, (in feverish complaints this is seldom allowed,) it is desirable to read rather loud than otherwise, with your face towards the Patient, slowly and distinctly, but not with much emphasis: the Sick require rather to be soothed, than to be interested.

When reading or repeating are resorted to for the purpose of lulling an Invalid to sleep, it may sometimes be found convenient to have at hand a reference to some pieces which are suitable in such a case; for it often happens that persons who have their memories ever so richly stored, are not able to recal them to their recollection just when they wish it. With this view we have subjoined a list of Titles to such Pieces, which will be found in the Appendix, No. 3. In cases where severe pain must be occasionally endured, the attention should be excited, and if the Patient be subject to a *sudden* increase of suffering, time must not be lost in *looking for* something to read; above all, he must on no account at that time be required to choose or to direct—an interesting book should always be *ready turned down* or marked, that it may be opened promptly, and thus the attention be engaged before it has become absorbed by pain.

In reading to yourself in a sick-room, be careful to turn over the leaves gently—trifling as it appears, there is a right and a wrong even in this. The noise of *paper* in every way is very disturbing to Invalids; but you will not be heard, even if they are awake, if, in wishing to turn over the leaf, you close the book and open it again on the other side of the leaf.

Do not talk to the Patient except as he may lead to conversation, or evidently wish it. It is sometimes very oppressive, though submitted to in preference to the *pain of giving pain*, by repulsing any thing meant for kind attention. Especially when he is excited by laudanum or fever, abstain from increasing the excitement by news of any kind; and instead of desiring him to be quiet and to suppress his feelings entirely, endeavour yourself to compose him.

When it may be peculiarly necessary to enjoin quiet for a Patient, especially when the complaint is feverish, or may have a tendency to affect the head, it is usual for friends sedulously to discourage the Patient's speaking; but this should be understood with a limitation, and we would call attention to the difference between *talking* and speaking; by the former we mean conversation, including reply from the attendant; this, as likely to excite new ideas, should be carefully avoided. But we consider it of equal importance that the Patient should be permitted to *speak*, on any subject which may too powerfully occupy his mind; the attendant only making the gentle and kind return of yes, or no, and so forth,—in this manner just indicating an attentive interest in the Patient's state, without either opposing or encouraging the feelings of his mind, except it be

to remove some palpable and oppressing misapprehension.* By this indulgence, even when speaking may have been medically forbidden, we are confident there has often been greater relief obtained by the Patient, and the diseased activity of the system has been more reduced, than would have been effected by the loss of twenty ounces of blood. It was to this indulgence that a Patient within our knowledge attributed the escape from paroxysms of mental irritation, in a case where the complaint was not a nervous affection, where the mind was in an enviably happy state, and when the individual was submissively waiting, if not longing, for the blessed moment of removal, which did not, however, at that time take place.

There are some persons of a character and habits to require a treatment somewhat different from what we have been recommending, whose prevailing wish, when withdrawn by sickness from their usual employments, might be thus expressed, "Only let me alone," "Only let me be quiet;" but these are exceptions, (not very frequent ones,) and we question whether such individuals were ever known to continue in that mind throughout a long illness of years, or even of many months—and when such is the inclination of the Patient, it is readily learned.

* Elihu says, "I will speak, that I may be refreshed."

It is highly important to the tranquillity of the Invalid, that he should be *believed*, and that what he says should be promptly acted upon, although the attendants may not have other testimony than his assertion, as in instances of noise, smell of fire, taste of medicine or food, the hour of the day or night, &c., of all which it is very probable he may be more accurately aware than the attendant. It is irritating to the Patient's feelings to perceive that the sitter-by attributes his ideas to imagination, and obstinately persists in maintaining that there is no cause for complaint, when he is himself persuaded to the contrary. Let equal credit be attached to the Patient's word in sickness as in health; and let the attendant scrupulously guard against shewing that he regards *that* as fancy, which is perhaps very evident to quicker perceptions than his own. But most especially should he obtain credence, when he describes his pains or feelings, even though they be contrary to the result of observations made by his nurse or friend; as what he says, or has to say, may lead to the detection of some feature or symptom in his case, peculiar and unexpected.*

* An instance of this occurred in the case of a gentleman, who was supposed, and supposed himself, to have acute rheumatism in his shoulder: an application was prescribed and carefully rubbed in by his wife, but the Patient complained that he suffered more

A nurse, when out of the room, should never fancy that she knows what her bell rings for, but answer it instantly, as most serious consequences have been known to result from the delay of very few minutes, as from fainting, fire, and many other causes.

In passing the bed, be careful that your clothes do not touch the curtains. A high degree of nervous sensibility seems to extend the personality or identity of the Invalid to every thing which he touches, or which is near to him—to the bed, the sofa, or even to the chairs and tables that are adjacent.

Supply the fire gradually, by putting on a lump or two of coal now and then with your hand; for this purpose have an old glove ready at hand, to avoid the harassing noise of mending or making up the fire; and always have ready a little *dry* wood or chips, to revive a fire *speedily*, as it is often obliged to be allowed to *go too low*, from the Patient having fallen asleep.

Wear no creaking shoes, nor rustling garments, nor have any loose pins or needles about you.

on each application. This was long discredited, but at length he prevailed on his surgeon to examine more carefully than before, when he perceived a small thread in the flesh, near the blade-bone; he pulled it gently, and at length, by the utmost care, succeeded in extracting a long darning needle, which it was supposed had been left in his flannel shirt.

When sewing, and called off in a hurry, do not let your needles drop on the cushions, or carpets, and do not stick them on your sleeve, &c. before assisting the Patient. Many serious accidents have occurred from this species of carelessness.

It is desirable always to wet the bottom of a cup, when putting it on a plate or saucer to present to the Invalid.

Above all, never let any hurry to attend to a confined mother induce you to lay down an infant on any easy chair—a thing we have repeatedly seen done, and the consequent danger to the Infant has been very narrowly escaped.

In cases of restlessness from pain or fever, *tying* the sheets at the four corners to the bed-posts preserves the bed much longer in a state of comfort than it otherwise would be. When the bed has become rough, much relief may be afforded by two persons taking hold of the opposite sides of a sheet and pulling it straight at the same moment, and so on with the other sheet and any other part. Thus the bed may be made, as it were, though the Patient may be too weak to leave it, without causing the least fatigue, and a degree of refreshment may be given which is quite surprising.

Much suffering may, in some cases, be prevented by the timely application of plasters to

any part that is in danger of being excoriated from lying long in bed—or, by the use of small wash-leather cushions filled with down, and, if desirable, quilted so as to allow the sore or endangered part to sink into a hollow.

There is a very clever method of changing the sheets, and likewise the night clothes, for a lame or very debilitated Patient, without lifting or scarcely moving them, or causing them any fatigue to speak of—but as we are afraid we might not be intelligible in a *written* description, we would recommend all young Nurses to apply to some experienced Nurse to *shew* them the plan.

In the general welfare of her charge, the nurse must also comprehend some attention to *her own* ease and accommodation, as forming an important ingredient of *that* welfare.

Anxiety on this subject is often very injurious to Invalids; for it is not to be supposed that they have changed their nature because they have lost their health, but that, if they have been accustomed, when they were well, to be benevolent and considerate, they will be so still, and will be proportionally afraid of your suffering; though too much engrossed by their own, either to express this fear, or perhaps, even at the time, to think of it. Their minds indeed should be dis-

charged from this anxiety, as well as from all others, as much as possible.

In every remission of their own suffering, they will feel all your exertions, privations, and sacrifices—often even more keenly than you can feel them for yourself; though you must not expect them to recollect, or to provide against, or even to know, each particular instance of such exertion,—even when it may be bearing hardest upon you.

But if the Invalid *should* be of hard character, your exertions are brought before him in their sure appreciation by others—for those who have no means of measuring the Invalid's sufferings, are yet competent to understand, and enter into, those of his nurse. Nothing is more common than for acquaintance and visitors to remark, "If such-an-one continue long, the nurse will be quite worn out:" whilst, alas! sympathy cannot so often reach the actual sufferers, who are feeling with redoubled bitterness the fatigue and distress of their attendants, of which they are but too painfully conscious they are the cause. For their sakes, therefore, as well as for the nurse's own, we would recommend attention to whatever is calculated to alleviate the weariness and anxiety of attendance.

If circumstances admit of it, the nurse should

continue to eat her regular meals below stairs—which practice would contribute to keep her health and frame in its usual tone, and to preserve her mind from becoming too much engrossed by one set of ideas.

She should also avoid all heating food or liquors. Fatigue (especially sitting up at night) is feverish work in itself. The most beneficial refreshment, in such circumstances, is perhaps to be derived from the plentiful use of cold water and clean linen. This will often almost compensate for the want of sleep. And a saline draught—soda water—or a walk in fresh air, will be found much more salutary, refreshing, and even supporting, than wine or coffee. Especially, when the spirits are at all agitated, it is necessary to use bland, light food, and to eat sparingly. In such cases, the powers of digestion are so much disturbed, that little work should be given them—and it is a great mistake to suppose that *extra nourishment* or stimulus is necessary to sustain that sort of fatigue, though *frequent refreshment* is desirable.

Be careful not to eat a heavy supper when going to sit up, but keep tea or cocoa (*coffee* is often objectionable from being heating) hot all night, with biscuit or bread to take occasionally. If these are not at hand, a cup of *hot* water is

is found reviving—and a slice of cold meat may be taken with breakfast in the morning after washing and dressing. If you pursue this course, you will probably feel little inconvenience from even very frequent sitting up at nights. If possible, you should take a little rest after dinner, putting up the feet and keeping the body erect. If a more convenient opportunity of getting a little sleep occur at any other part of the day, the lying down will not be objectionable.

Clothe yourself warmly and *neatly*, to sit up, though without any stiff dress or tight ligatures. Provide some additional articles, such as a shawl or flannel gown, to put on as the night advances.

There can be no necessity to enforce neatness as an indispensable qualification in a nurse—a nice attention to propriety is of peculiar importance in this situation.*

It is quite an art in a nurse so to keep things in their places, or to have necessary changes made at proper times, that the Patient may never be prevented sleeping or dozing by having

* It is much to be lamented that there is no Institution, or even branch of an Institution, that has for its object the systematic education of Nurses for the Sick, in which some of the requisites most essentially necessary for the proper discharge of that office might be acquired, under the superintendence of an experienced Matron.

things fetched out of, or brought into, the room at a time when quiet is particularly desirable. Quiet indeed cannot be insisted upon too strongly—both generally, with regard to manner, voice, and step, and also with regard to the smallest minutiae—such as, the setting down of a chair, or a tea-cup—opening and shutting the door—moving a table—drawing up a blind or a curtain—and, above all, in touching any thing connected with the fire-place. To be at the same time gentle and decided, seems to be the secret of making little noise in a sick-room.

It is important to have some signal to shew to those out of the room when the Patient is asleep, or particularly desirous of being quiet, such as a long piece of paper, or a goose-quill, put through the key-hole of the door.

Also, when an attendant is long confined in the room by fearing to awake or disturb her charge if she open the door, it is well to have some plan agreed upon for relieving the anxiety of friends down stairs without incurring this risk, such as writing a little billet, and putting it under the door.

It is sometimes eligible for the nurse to be a stranger. Those with whom the Patient is constantly familiar, present no motives for composure or suppression of irritation. There is frequently a sort of deference—an attention to—an expec-

tation of help from, a stranger, which is particularly useful to a Patient, and not so easily inspired by those whom he sees habitually and daily in other occupations. A Patient sometimes observes, "Such-an-one does better for me, because I cannot make so free with her:" "I never think of being impatient with her," &c.

A friend or superior person, that never becomes stationary about the sick person, but to be called when wanted, is an unspeakable comfort to him, as well as to all concerned, to lean upon when any difficulty occurs. Such a person will often be found useful and efficient in proportion to the infrequency of her attendance, and to the absence of that familiarity which arises from being always in sight.

In conclusion, we would forcibly urge on the especial attention of the nurse, the following general directions.

Never spend your strength in what subalterns can do as well; and when a sofa is at hand, spare yourself by lying down, or keeping up your legs, when not wanted. Remember, always, that the kindest thing you can do for your charge, is to preserve your own health and powers, because a *good* nurse *can* scarcely be replaced; and because the *change* of nurses is often attended with extreme inconvenience and disadvantage to the Patient.

CHAP. III.

ON THE TENDERNESS AND CONSIDERATION
DUE TO THE SICK.

“To him that is afflicted pity should be shewed from his friend.”
—JOB vi. 14.

“Have pity upon me, have pity upon me, O ye my friends;
for the hand of God hath touched me.”—JOB xix. 21.

WE have often thought how cheerfully many tender and affectionate spirits would submit to be guided, in their efforts to soothe and assist the sick friends whom they assiduously attend, if they met with any suggestions that appeared more likely to benefit the objects of their anxiety than the methods they have been accustomed to employ; and we have, at different times, made memoranda with reference to this idea, as experience and observation have suggested.

It is, however, a matter of much delicacy to put these into any proper or acceptable form. The situation of the Sick, when, from the long continuance of illness or other circumstances, it is attended with much affliction, is altogether unintelligible; “they are in a land of darkness

without any order; where their light is as darkness." They must necessarily, in some measure, suffer alone; for people in health do not understand the language of the Sick. They can no more hold converse on equal terms, than can the crying infant in the cradle with the nurse, who laughs, and cries, and sings, and talks to it, by turns.

But though *the initiated* only can entirely sympathize, yet the Sick may be spared much uneasiness, and may enjoy many material alleviations, by the attention of surrounding friends being drawn to the lesser circumstances of their sufferings; by their being beforehand technically informed upon the subject, so far as it is susceptible of communication. The information set before us in a book frequently stands a better chance of being studied, than that which is familiarly told in passing conversation. Were pains taken by attendants to understand the nature of the malady, and the most likely methods to remedy it, some, perhaps many, Invalids might be spared the pain of hearing their complaints, which they feel to be real, pronounced "only nervous;" that is, trifling and insignificant, unreal, or exaggerated.

Most inadequately can those who have been exempted from long illness calculate the effects

it produces as well on the mind as on the body!—Imperfectly can they conceive how it multiplies the sources of pain, and opens *fresh avenues to suffering*; how it depresses and exhausts the animal spirits, and relaxes all the powers of counteraction and resistance.

And with respect to the mind, how its involuntary sympathy with its inseparable companion, the body, gradually impairs its own strength, and introduces disorder into all its faculties; rendering their operations either difficult, and obstructed, or unnaturally precipitate, and confused! How the memory falters and fails; its stores contracting into narrower compass; no longer either retentive or ready, and too weak to call into view the truths that might console, or the sentiments that might cheer! How do the powers of thought refuse the control of the understanding and the will, roving at random, or settling where they list; fastening ideas on the mind, which depress and agitate, and excluding such as might cheer and relieve. In this state of mental feebleness and depression, the scriptural promise, “Thou shalt forget thy misery, and remember it as waters that pass away,” seems to have no possibility of application to the poor sufferer.

His temper becomes irritable—perhaps worse

than irritable, suspicious, from the two-fold difficulty of sympathizing with those who are well, and of making allowance for those who know not how to make allowance for him.

The passions frequently acquire new force from the absence of that strength which used to control them; unfortunate associations become too strong to be broken; objects are seen in false proportions, dark colours, and distorted forms; particular circumstances make undue impressions, and the most obvious truths are lost sight of, and require a ten-fold weight of evidence to restore conviction; while a partial consciousness, or a total *unconsciousness* of these things, forms an aggravation, perhaps, equally distressing. In short, the mind is apt to sink under a new and distressing sense of its own weakness. ‘The abjectness of man,’ as Pascal expresses it; or “the bankruptcy of human nature,” to use the words of another eminent writer, is experienced in a manner seldom felt, except in cases where weakness and disorder of body are superadded to the failing of the heart. Indeed, in a debilitated state of the frame, the mind may be said to have a different kind of residence in the body; it tenants, as it were, a larger portion, takes possession of every nook and corner, and more influentially pervades the whole.

And besides these general causes of annoyance, the mind has sources of suffering all its own, arising from the hourly call to learn new and experimental lessons on the insufficiency of created help—the emptiness of worldly comforts—and the present abject condition of its own fallen, but still immortal nature; to say nothing of those hours when conscience and memory tell

“Of time mispent, of comfort lost,
Of fair occasions gone for ever by,
Of hopes too fondly nurs'd, too rudely cross'd,
Of many a cause to wish, yet fear, to die.”

Then as to outward circumstances, what deprivations has not the Invalid to endure—seldom cheered by the invigorating feeling of doing, or having done, something to please those whom he loves, or to benefit those who want his assistance—never perhaps animated by the consciousness of contributing any thing to general usefulness—withheld by a sense of helplessness from forming schemes for this or any other enjoyment—tempted to fruitless regrets over unaccomplished plans and uneffected purposes—subject to daily returns of that sickness of the heart occasioned by hope deferred—cut off from a sight of creation's beauties, and experiencing, in painful reality, a part of that aggravated circumstance of distress, “For thirty years the western

breeze had not once fanned his blood." And besides all this, there is the depression arising from the feeling of inability to maintain even that measure of patience and composure which to a bystander may *appear* so small. But why should we enumerate the various trials of the Invalid, or attempt to describe the wants and woes of his sick chamber?

To those who know them not—no words can paint,
And those who know them, know all words are faint.

Would that we could suggest to kind and anxious friends any mode of alleviating these evils, which, alas! they sometimes unconsciously aggravate by want of experience. Nothing more discourages and incapacitates the Invalid than perceiving that more exertion is expected from him than he is equal to. In many stages of illness, and especially to naturally active dispositions, it is often of injurious effect to urge upon Invalids the advice to "exert themselves;" they need rather that a friend should exert *himself for them*, or *instead of them*, or at least be on the watch for them when *they* ought to desist from exertion. Recollect the disabled state of their minds, and never require them to produce, or to originate, their own remedies or advantages. Inspire *inclination*, suggest *inducements*, when you

can, but avoid enforcing or controlling *action*. Exertions that are not spontaneous and voluntary, are hurtful rather than beneficial; they are often made to escape reproach, or to give satisfaction; but when thus constrained, they both irritate the mind and fatigue the body; and instead of encouraging the enterprise, or inspiring the strength, which more confiding and considerate treatment would perhaps have even *created*, such forced efforts leave the mind under aggravated depression,—if they do not even add another grief, viz. the painful conviction of want of sympathy in those who have pressed such unreasonable exertions.

It is sometimes observed of Invalids, that they find strength to do what they *like*, but are unable to do what they do *not* like—inferring a little perverseness; but the remark is often physically and literally true, without any fault of theirs. Their portion of strength and ability being limited, it is natural they should wish to have it husbanded to the best advantage. Even in health, the power of inclination, and the *inspiration of motive*, is recognized in giving life to all our exertion—(sailing with the wind instead of in the teeth of it,) and in occasionally overcoming obstacles that without their aid were insuperable. In terror, for instance, how has

supernatural strength been imparted. This influence, be assured, is greater over the sick than over the healthy. An Invalid's bearing such an exertion tolerably well, to all *appearance*, may lead the spectator to conclude that he is *better*, and stronger; whilst from the effects which he himself has *felt* to accompany and succeed such exertions, he may have ground to conclude that he is *worse*. Any unnatural or disproportionate temporary exertion in a state of weakness, is always paid for in sad arrears of accumulated sufferings.

Another requisition, sometimes made from an Invalid, is equally distressing, because equally impossible to be complied with; he is often exhorted "not to let distressing subjects dwell on his mind so much; not to *allow* himself to be so much affected by such and such thoughts;" not to torment himself, or be so anxious, &c. &c., and is sometimes blamed for not making efforts to disengage his mind—efforts as wholly impracticable to him, as it would be to heal a wound in the flesh, or set a broken bone, by an act of volition. The poor sufferer feels discouraged again on this new account, because it proves the person so urging, or blaming, (and it may be his dearest friend,) is in ignorance of his real condition, and liable to be displeased by what the

Invalid cannot, by any power of his own, avert or escape.

“An aching heart, when seated in a disordered frame, is not often to be *reasoned* out of its agitations.” The ear, in such cases, is usually “deaf to the voice of the charmer, charm he never so wisely.” Grief speaks to the heart rather than to the understanding, and the arguments that would meet it, must do so likewise. The love and mercy of God, the promised joys of heaven, the compassion of the Saviour, “who suffered for us, and can be touched with the feeling of our infirmities;” these, and similar topics, best soothe the afflicted bosom. “The cup that *my Father* hath given me, shall I not drink it?” A simple consideration like this has calmed many an agitation, which would have resisted the strongest appeals drawn from the mere consciousness of propriety, or the boasted fitness of things. The ordinary arguments against sinking under affliction are, doubtless, of importance, to discipline and fortify the mind before affliction arrives, and to restore it to a healthy state when the first paroxysm has ceased, but at the moment of greatest trial they are too often unheeded; and the friend who ventures to suggest them is coldly thanked for his trouble with a common-place civility, which indicates how

little they affect the heart of the sufferer. You tell me, by way of consolation, "that all human enjoyments are uncertain:" "I feel it, alas! too keenly, but I derive no consolation from the reflection."—You tell me, "that my sufferings are not greater than those of others:" "I know it, but that does not make them the lighter; each heart *feels its own* bitterness."—You tell me, "that it is my duty to acquiesce in the affliction:" "I admit it, and it adds to my sorrow that I am so undutiful; that nature rises so forcibly against religion, and that what my judgment approves as right, my feelings are too undisciplined to welcome." Such is the struggle that sometimes takes place in the mind, before the "grace of God, and the consolations of the Holy Spirit," have gained the victory, and taught the mourner, with unaffected resignation, to exclaim, "It is the Lord, let him do what seemeth him good."

The powers of the mind as to self-government may be brought into such a state by long illness, that when little may *seem* to have been done in the way of suppressing impatience, discontent, and despondency, yet the greatest moral energies *may* have been in reality employed; there is so much to do *under ground*, as it were, that there may be little visible effect of what has been very costly to the infirm and distorted Patient. He

may have endeavoured to avoid all that leads to irritation as much as he could, but, after all his care, much will depend on others, and on events.

Bishop Taylor says, "Men that are in health are severe exactors of patience at the hands of them that are sick; and they usually judge it, not by terms of relation between God and the suffering man, but between him and those around him. Sighs and groans, sorrows and prayers, humble complaints, and dolorous expressions, are the sad accents of a sick man's language. For it is not to be expected that he should act the part of patience with a countenance like an orator, or grave like a dramatic person. It were well all men could bear an exterior decency in their sickness, and regulate their voice, their face, their discourse, &c. by the measures and proportions of comeliness, and satisfaction to all the standers-by; but this would better please them, than assist him. The sick man would do more good to others than he would receive himself. He may say, as Job did to his friends, 'I also could speak as you do, if your soul were in my soul's stead.'"

"A wretched soul, bruised with adversity,
We bid be quiet when we hear it cry;
But were we burthen'd with like weight of pain,
As much, or more, we should ourselves complain."

SHAKSPEARE.

"Many are the sayings of the wise,
In ancient and in modern books enroll'd,
Extolling patience as the truest fortitude;
But with th' afflicted in his pangs, their sound
Little prevails; or rather seems a tune
Harsh, and of dissonant mood from his complaint;
Unless he feel within
Some source of consolation from above,
Secret refreshings, that repair his strength,
And fainting spirits uphold."

MILTON.

Bishop Taylor goes on further to justify cries and "vocal groans," saying "Silence and stillness are no part of a sick man's duty," and "not necessary parts of patience;" for "there is the voice of the man, and there is the voice of the disease, and God hears both." Oh, that earthly friends could do so!

Again the same great and good man remarks, "Some men's senses are so subtle, and their perceptions so quick, and full of relish, that the same load is double upon them to what it is on another; therefore, comparing the expressions of the one with the silence of the other, a different judgment cannot be made concerning their patience."

It has been known that physicians have enjoined their Patients not to suppress their complaints, as they can judge in some degree of the nature and state of the disease, from the nature and force of their cries.

Old Whichcote says, “Judge men by the tenour and course of their lives, and not by such errors as they have fallen into from surprise or infirmity.” This precept is particularly obligatory on the friends of the Sick. Reflect how unlikely it is that a man’s whole character should be changed, and that he should suddenly become quite a different person from what he has been all his life. Inasmuch as his present behaviour differs from his former conduct, you may measure the violence and power of his *disease*. Resist, therefore, any idea or impression that assails your mind, threatening to deprive him of that station in your esteem which he has hitherto held, by any thing that may pass in his illness. As we should not judge of a passage of Scripture detached from its context, so neither should we judge of a character separate from *its* context, nor of circumstances separate from *theirs*. How much grief is often inflicted by judging hastily, and inaccurately!—How feelingly does Job express his experience of this!—“O that my griefs were *truly weighed!*” How much uneasiness might be saved the Invalid, if attendants were beforehand taught that what to them may appear whimsical, useless, &c. &c. belongs to the condition, not to the Patient;—that the generality of persons in similar circumstances would do the

same, wish the same, and fear the same things. We are tempted to wish there were some visible index to the state of the mental powers and physical capacities, intelligible to all around; or that a panoramic view could be made of the case, bringing into the description all the surrounding circumstances, and exhibiting them from a centre. The actual *pressure* of grief, either upon the body or the mind, is neither obvious nor intelligible without a minute reference to the state of the Patient, and often depends upon far other causes than upon the *degree* of it. It may depend, for instance, on the present *power of bearing*, which, besides being very different in different persons, is also different in the same person at different times; and the same disorder is often made of much more serious character by some accidental *previous* condition of the body or mind. Though Invalids themselves have not the faculty of judgment in the best state, they have sometimes the best materials on which to exercise it; and they can, at least, best comprehend how many things go to the power of bearing, and how various and indescribable are the little circumstances of temporary aggravation.

Sometimes they have been stupified at the time of receiving a blow, and their feelings, like the

fabled echo after a long frost, begin to thaw when those of others are beginning to be composed; or, perhaps, from having been suppressed at first, their force may have accumulated, and come to take a deep revenge. Their courage may have been forced up to a very high pitch, but they are subsequently exhausted in proportion to the efforts which they have made. They feel more after an escape, than during the encounter—when an evil is passed, than when it is pending. What may, by a little licence, be called a retrospective apprehension, is sometimes more lively than what was felt during the actual prospect, or even in the presence of danger. The firmness of the mind is not shattered immediately after the shock is received. The shell seems to sleep upon the ground for some time before the destructive explosion. “Our tears,” says Shakspeare, “are not yet brewed.” They who have been accustomed, from whatever cause, to live under restraint, often suffer under the *habit* of a temporary suppression of their feelings, which habit rules them with a rod of iron, even when suppression is no longer necessary, or desirable, and in its tyranny deprives them of the great relief and advantage of immediate expression and sympathy.

Some French author well observes, “I do not

love composure in distress; I would rather have grief a torrent than a stream. It is right the tide of passion should have its flow, or it will not have its proper ebb." It is, however, sometimes necessary to suppress emotions with the strong hand, or they would be too much for poor animal nature.

But it is in vain to point out the various sources of aggravation to the sufferings of unresisting weakness, "crushed before the moth;" the kind friend will imagine, and perceive, that there *are* many ways by which these may come to overwhelm it, though he may be unable to trace them; and will acknowledge that fair construction, and courteous behaviour, are the truest charity, and essential in the character and office of an attendant on the Sick.

"The world's a room of sickness, where each heart
Knows its own anguish and unrest;
The truest wisdom there, and noblest art,
Is his, who skills and comforts best;
Whom by the softest step and gentlest tone
Enfeebled spirits own,
And love to raise the languid eye,
When, like the angel's wing, they feel him fleeting by."

Perhaps a strong sense and observance of general well-known laws would do more to supply the place of immediate particular information as to time, case, and circumstances, than is

imagined. The golden rule indeed seems here to fail in the universality of its application. To one who has never known sickness, we can hardly say, on some occasions, "Do as you would be done unto," for the healthy do not know what they *would* wish done unto them in such circumstances.

It would be beyond our province, and inconsistent with our design, to specify the innumerable modifications and effects of illness, and the treatment which should be applied respectively to each. We must, however, remark upon one important distinction, which should ever be kept in view, and a due attention to which will secure our cursory remarks from misapplication.

It is this,—that the debility attendant on organic disease is a totally different thing from simple weakness, which succeeds a violent disorder, as a fever, &c. The latter, besides being generally attended by composed and cheerful animal spirits, gradually gives way before the recruiting effects of fresh air, return to occupations, &c. &c. The other is continually reproducing itself, and multiplying its painful consequences; alternately aggravating the disease and aggravated by it, and admitting, in a very limited degree, and under very unfavourable circumstances, of the use of air, exercise, and the resources of

convalescence. And it may be remarked, in general, that increased sensibility in the nervous system produces a something which, both with reference to the unconsciousness of others, and to the new and painful consciousness to the sufferer himself, may well be called a new sense.

The effects on the constitution, of a *long series of bodily sufferings*, and of a *shorter violent disorder*, are so different, that although the sum of distress were the same, the kind of consideration or of treatment that is appropriate to the one may be very inappropriate to the other, and furnish neither rule nor guide.

Who knows how *many* disabilities *meet* in the case of a *long* illness, how the sufferer is tried every moment — “pressed above measure” — “stripped and peeled?” A little *practical consideration*, and some trifling allowances from friends and attendants, are at times far more valuable than even those active services which their kindness is ready to lavish. It is reasonable that the wishes of sick persons should be consulted, and every expression and intimation of those wishes watched and waited for, because they have so few sources of comfort and pleasure. It is often in *sparing them pain* that the greatest skill, as well as the greatest kindness, consists; and do not fancy you are an idle or useless

attendant when you only sit still beside them ;* if you are ready to listen, to *understand*, and to sympathize, you will become able to do exactly the thing that is most *wanted* and *wished*, instead of wasting yourself in doing things which the Invalid feels to be superfluous, though he cannot, perhaps, persuade you that they are so ; while he is conscious of *really wanting* so many *other things*, as to be very troublesome. It is at times when there is little to *be done* for the Invalid with means and measures, little *active* employment for nurses, that consideration is most wanted, and most difficult to be obtained.

Many friends can, and do, kindly exert much activity in even laborious services, who cannot give up their hearts to be harassed and oppressed by a repetition of the poor sufferer's twice-told tale ; who decline to bear him company through the regions of gloom and darkness, (a darkness felt, and real, to the sufferer, though it may appear imaginary to the listener,) and who cannot sit by his side when "fast bound in misery and iron." Yet to possess the sympathy which can do this, when the sufferer knows it is the most that can be done for him, is most invaluable and endearing. The conduct of Job's friends, when they saw that his grief was very

* "They also serve who only stand and wait."—MILTON.

great, cannot be too much admired; “they had made” an appointment together to mourn with him and comfort him; yet when they reached the scene of his affliction, and lifted up their eyes, and knew him not, “they *sate down with him*, upon the ground, seven days and seven nights, and none spake a word unto him: for they saw that his grief was great.” There are times when the utmost kindness of beloved and trusted friends can do or bear so little for him, that the Patient is almost tempted to wish the endeavour were not made; in short, that such friends were not present, in order that there might yet be something left to hope in on earth, *some* possibility of relief *to look for*; and that the practical conviction might be warded off, that “*even they* can do nothing for me now.” Alas! the sufferer looks every way, and calls to every thing, for relief, till the loud replies from every quarter, “It is not in me,” prove how vain is the help of man, and should turn the forlorn heart to the only true source of help and consolation, to Him who says, “In me is thy help”—“Look unto me”—“I am the Lord that helpeth thee.”

Though we have reserved for a separate volume the “Suggestions to the Invalid,” both as to the duties which he in his turn is called upon to perform, and the various means by which he may contribute to the mitigation of his own sufferings, and the comfort of those around him, yet as these pages may occasionally

meet his eye, we cannot refrain in this place from offering to his consideration the following brief remarks:—First, we would strongly recommend him to endeavour to maintain, according to his ability, the habit of *speaking distinctly*—persuaded as we are, that great as the requisite efforts may frequently be, it will, on the whole, be the means of sparing, in many ways, far more exertion than it occasions.

We cannot help adding, that Invalids should take it for certain, that every part of the work occasioned to servants, &c. by the various and oft-recurring wants of a sick room, requires more time, more care, and more trouble than *they*, in their then circumstances, can possibly estimate; and therefore they should habitually prepare themselves to make an allowance for the seemingly-needless calls upon their patience. And the greater allowance they learn to make, the more disappointments and vexations will be spared, both in, and out of, the sick room.

Some degree of wavering and irresolution is perhaps inseparable from a state of sickness, weakness, and disease of any kind; but difficult as we know the practice of decision, and the exercise of resolution, to be under these circumstances, we would yet recommend that it should be aimed at. Where a choice is to be made, it is a kindness to attendants to make it at once; and where something disagreeable is to be done or decided upon, it is a kindness to himself not to keep an unpleasant prospect in view by deferring it. As a motive to every desirable yet painful exertion, whatsoever it may be, we would affectionately recommend him to “do it as unto the Lord, and not unto men.” Other motives may lose much of their force amidst the languor of weakness and the harassing effects of pain, but even the feeblest efforts to aim at this will be assisted and rewarded by some measure of present peace and strength.

CHAP. IV.

ON THE INFLUENCE OF THE PHYSICIAN ON
THE MENTAL AND MORAL, AS WELL AS ON
THE PHYSICAL CONDITION OF THE INVALID.

THE loss of power to express his feelings, which is frequently experienced by a Patient, is in no instance more painfully inconvenient to him than in his intercourse with his *Physician*.

To the confusion of mind resulting from disease, is superinduced the formidable impression of their relative situation. Indeed, when we bring before us the physician's almost awful presence, as it appears both to the Patients and to friends—his great influence—the immense value we attach to his report—the submission of the mind—of the whole conduct, to his decree; in short, when we consider the trembling eagerness with which we often hang upon his word; how his approach cheers and supports; and how, in retiring, he bears away with him, as it were, our courage and our strength; his power and office seem as though invested with something of

a supernatural character, and his coming into a sick room affectingly reminds us of the descent of the angel into the waters of Bethesda. We can well comprehend how, in the dark ages, the healing art was deemed magical, and how pharmacy and sorcery were synonymous terms. The agonized mother, or friend of the Sick, whose mind, from anxiety and loss of sleep, is become weak, dependent, perhaps superstitious, and who clings to any little hope the physician doles out to her, too much as if it were the "voice of a God; and not of a man," can well imagine the veneration anciently paid to him as to a magician.*

And here we are tempted to notice the many advantages which have accrued to the Patient, in cases where the physician has not confined himself solely to the body. As the mind is often the cause, and always the accomplice, in fomenting disease, how welcome and pertinent, at such times, would it be to excite religious interest and impress religious consolation upon the world-sick heart. The religious physician has the best command of time and opportunities, and the most genial season for throwing in the good seed—for suggesting divine truth; and his personal and disinterested treatment of it might, in some cases,

* The same word in Greek signifies to worship and to cure.

obtain for it a favourable reception, and be productive of incalculable benefit.

The confidence in a physician, inspired by his being religious, and by the persuasion that a blessing will go with his counsels, and descend upon his prayers, is in itself cordial and restorative. We feel that we are in *safe* hands; that the man of religious principle will neither trifle carelessly with an existence, the value of which he is able *rightly* to appreciate, nor endeavour to deceive with false hopes, under circumstances in which the interests of an immortal being may be involved. We are sure that he has looked up for direction to a wisdom superior to his own, and that his prescriptions come to us accompanied by the prayer of faith, and by the kindly feeling of Christian charity.

The confidence of the Patient should always be gained, if possible, his co-operation being important to the success of every means employed for his relief; for such is the inexplicable connexion between the body and the mind, and such their increased intimacy during illness, that the good of either cannot be calculated upon as an independent concern; and to reach the body of the Patient, the physician must often make his way through the mind. It is a compound being he has to do with.

In cases where this happy confidence prevails, we have known the *visit* of the physician, without his prescription, produce a sensibly good effect on the pulse and circulation, as well as on the nerves and spirits; and from a sentiment of repose infused into the mind, and a consciousness of help and hope rekindled by his presence, a corresponding glow and animation have been communicated through the bodily frame.

They who have practised the art of curing by expectation have made experiments on what mind can do towards the cure of the body; "the art of curing by consolation" might be as efficacious.* The expectation cannot, however, be excited merely by the physician's entertaining it, or affecting to entertain it, himself. Though "a cheerful heart doeth good like a medicine," it is the Patient's own heart being made cheerful, and not the physician's, that is to benefit him.

The Patient is generally more depressed than elated by levity in those about him. Making light of his complaints is not the way to make him think lightly of them, but will sometimes have the effect of imparting the discouraging suspicion that the physician does not understand them, or understanding, does not regard them, with compassionate tenderness.

* See Cotton Mather's Essays.

The opposite extreme, though not so common, should equally be avoided. Lingered disorders are often more painful and depressing than those of more immediate danger—to the mind, at least, they are more harassing—and serious *attention* and sympathy will sometimes, in such cases, be more beneficial, as well as more acceptable, than the best cold advice, or than the positive assurance, lightly pronounced, of “Oh! you will do very well,” &c.

Unfeeling behaviour will, however, be as impossible to the judicious physician as to the humane man; for, in proportion to his skill and judgment, he will recognise and consult the feelings of his Patient. He who has studied the construction of the body only, is qualified for his profession but by halves. A physician should not be merely a man of “thews and sinews,” but deeply acquainted with human nature in all its intricacies; and, to fill his station aright, should be something of a divine and a philosopher also.

There are some disorders in which we become almost unreasonable enough to wish that our physician should add to all his other qualifications personal *experience*, as the only key to a knowledge of sufferings so complex and indescribable. Though the seat of the disorder be in the body, it may be the mind that most feels

it—the sufferer himself detecting its approach only by the gloom and anxiety that come to pervade every thought, concern, and prospect. In this state, every object becomes distorted to the view of the mind, in the same manner as, under some circumstances, to the eye, every thing on which it rests appears discoloured; a complete unconsciousness of the distortion subsisting equally in both instances, during the time that it is in operation. Like bad dreams, such illusions have more than the force of reality, and should be borne with, and treated indulgently—not ridiculed, nor suppressed by harshness.

When the mind is the first aggressor (the distinction is important), the removal of its burden, even if imaginary, or the *hope* which is inspired of its removal, must be the best anodyne. If this relief or hope cannot be procured or administered, a physician can only endeavour to subdue symptoms as they arise. These do not often vary, as there is generally in all constitutions some prevalent tendency, which directs every assault to the weak place, from whatever quarter it may come.

A physician, who is also a family friend, possesses many advantages, from a previous knowledge of the bodily and mental constitution of the Invalid, its tendencies and peculiarities. If he

be a stranger, (and that also has its advantages, in the sort of deference imposed,) he will not only patiently listen to the poor sufferer's own "tale of symptoms," but will not wholly despise or reject the report of friends and attendants; still, however, preserving his own judgment distinct, and exercising discrimination as well as candour.

Combe observes, "Some practitioners, I am aware, object to unprofessional persons attempting to make themselves acquainted with the structure or functions of the human body, and, in practice, think it best never to give any explanation to the patient of the principles on which it is proposed to conduct the treatment. But, generally speaking, it will be found that the cheerful co-operation of the patient is never so effectually secured as by addressing his understanding, and giving him an intelligible interest in what is proposed for his relief. In acute diseases, of course, explanation of any kind is often precluded. Here the professional man must act with decision. But the great majority of ailments are of a chronic character, in the cure of which the steady co-operation of the patient is almost indispensable. And even when the malady is acute, the patient will submit to severe measures much more readily when ordered by an adviser who has been in the habit of addressing his reason when opportunity

occurred, than when prescribed by one who has always followed the system of dictation."

We have often thought the minute attention to the complainings of the weak and debilitated Patient might possibly serve, in particular cases, to discover some hitherto unknown laws of the nervous system, and perhaps disclose to the philosopher something, as yet unobserved, of that union between mind and matter, on which so much depends; and we venture to suppose, that a few of those cases which would otherwise terminate in insanity, might be arrested in their course, or eventually removed, by means simple in themselves, but rendered efficacious by the kind assiduity and judicious tenderness with which they are administered.

To dwell on the importance of temper to the physician—to suggest the propriety of being gentle, as well as firm—is unnecessary, as well as beyond our province. "To bear with patience the waywardness, and treat with mildness the prejudices, he must often encounter in the sick-room, is as essential to his own dignity as to the welfare of his charge." To tranquillize the spirits, to enlist the affections, the esteem, and confidence of his Patients, will be among the forces the physician will employ, in order to render his

plans for their benefit efficacious; and we would appeal to his talents and skill, as well as his compassion, (and should he ever have been ill himself, we would appeal to that surest test, *experience*—that seal of his doctrine,) if such are not among his best specifics.

A moderate degree of control must of course be exercised by the physician, over both the Patient and attendants, and this will be most complete and unresisted when it is combined with kindness and consideration; while a hard-hearted and overbearing demeanour, besides its direct injury to the Invalid, is calculated to impair his general reliance on the physician's wisdom, and to lessen the authority of his commands. A judicious practitioner will always render his visit a season of consolation to all concerned.

It is, however, far from us to pretend to write on the duties of physicians; though, in enumerating *the wants and woes, the comforts and resources of the sick-room*, we could not wholly omit mentioning the most important of all. It is, of course, his deportment only in that scene of his power that our unprofessional suggestions presume to recognise; we only venture to hint what, as patient or as friend, we have often wished that deportment to be—referring merely to the comfort

which, on some occasions, we have both *seen* and *felt* to have been imparted, and to the pain we have, on others, *known* to have been inflicted.

Though incompetent to dictate the duties of the profession, we can, however, in some measure, sympathize with its various mortifications, its severe labours and affecting trials. It is said that the occupation of a physician disposes him to think the aggregate of human suffering greater than it appears to other men; but this painful view of the case would probably have some counterbalancing good, in his being also led to think better (consequently more submissively or more gratefully) of the peculiar share allotted to himself. We believe it to be true, that the more narrowly we look into the interior of families and the closet history of individuals, the greater approximation we shall find to a general equality in the portion dealt out to each.

We are, however, well aware that the man of sensibility is, indeed, called to many a severe exercise of fortitude, and many a painful emotion, arising from the tenderness of his feelings, in his professional career. Earnestly do we desire that his consolations should be proportionate in their extent; fervently do we wish, that he who ministers comforts to others may himself be comforted in the success which attends his endeavours to

impart relief. Great should be the privileges attached to his profession, for heavy are its penalties ; and it is one of the advantages of our highly favoured country, that the art of healing is held in due respect ; that its professors are not only among the most enlightened philosophers, but among the most honoured as well as the most honourable men, in the land. May they take to their hearts the sublime compensation ! “The blessing of him that was ready to perish came upon me.”

CHAP. V.

SUGGESTIONS TO THE VISITORS AND FRIENDS.

It would be well if they who attend or visit the Sick could begin by having their minds impressed with compassion, imbued with a knowledge of human nature in all its forms and under all its incidental infirmities, and taught by experience that peculiar distortion in which illness has placed it; but as these qualifications can seldom meet in the same individual, and as it often happens that they are not possessed, even singly, by all the attendants and visitors of an Invalid, a few plain rules, that require nothing but the good-natured *desire to help, and not to hurt*, may be found useful.

In coming into a sick-room, always take care how you open the door, that your shoes do not creak, and that you do not seem in a hurry. If the Patient be awake, however, walking on tip-toe is not generally acceptable, but a natural though quiet deportment should be maintained. Trifles, such as no person in health can understand, and

which the Patient would often suffer any thing rather than *mention or complain of*, are often excruciating to the diseased nerves. In illness, the whole frame, mental and bodily, is one sore place, the skin off, and sore all over.

A visitor does not raise the spirits of the Sick by appearing in great spirits himself; but rather, instead of *sympathizing* with *them*, calls them to an attempt to sympathize with *him*, and by thus forcing exertion upon them, he only deceives himself agreeably, leaving them the penalty of sinking into tenfold dejection afterwards. The Sick require to be soothed and sympathized with, not roused and enlivened.

Visitors sometimes commit the mistake of supposing that they shall amuse them by carrying with them the same topics and style of conversation which interest and divert the healthy. This may do for a mere flesh wound, or where the illness is local, or the confinement short, but it is often very oppressive in general and long illness. It has a direct tendency to discourage the Invalid, and to impart that feeling of desolation so incident to his condition; (which is necessarily in many respects an *exiled* one, though surrounded with friends;) it calls forth the *consciousness of being in a separate path*, and having to suffer *alone*. It is far different from the cordial which

expressed sympathy never fails to administer. Besides, lively discourse often imposes a mortifying and fatiguing constraint. Invalids dread to appear ungrateful or complaining, and so are induced to exert themselves injuriously to meet the demand upon them.

The Sick and the old are sometimes praised for not throwing a gloom over the young and the gay, and are even expected to express an interest in all their pleasures, schemes, enjoyments, and business, without any *reciprocity* being thought of. In such a case, all the comfort they derive from visitors is, frequently, empty commendations of an unseasonable subserviency, to which it might, perhaps, have been more friendly not to have yielded; for though it might be useful for the *well* to enter, for ever so short a time, into the views and concerns of the Sick, yet painful constraint on the part of the latter, and attempts merely to *appear* well and gay, can do good to no one.

Instead of endeavouring to *draw up* the Invalid to their key, visitors should seek to *receive* the tone from him. Instead of calling him out, as it were, to act a part, by joining in conversation on common topics, his visitors should try to enter upon subjects the most likely to interest *him*. What a loss to the Sick, especially, is the banish-

ment of all reference to Religion in ordinary intercourse! When idle or worldly topics are become insipid, and even distasteful, they are still too often condemned to endure them. The sick person should be supplied with companions who *have a community of interests and tastes*, (which constitutes, to all, the soul and benefit of *society*.) *This* world, and its concerns, are receding from his view; or at least for a while they are withdrawn from his exclusive notice and care. He wants some companion occasionally to converse with about *his* world—all that now remains of personal concern to him. Emigrants to a distant settlement would seek those who are conversant with the country to which they are going, those who can familiarize them to its customs—who can assist them to weigh the comparative value of the two countries—who can facilitate their conveyance thither, or give information relative to it—who can cheer and shorten their road—or who even can only understand and sympathize in their plans and prospects. Society is truly pleasant when we are benighted in a journey, especially the company of a citizen to the place to which we are going. This is an indulgence sought for by all, and should not be withheld from the Sick and dying, who want it most. But on this subject, as on all others, when any thing

affects the Invalid more than others, let the option be his—and in nothing can this be more important than in the choice of companions or society. Visitors or friends who see the Invalid only *occasionally*, and who consequently cannot be expected to be so conscious of what is desirable or otherwise, can only escape the danger of hurting, by following the lead given by the Invalid, receiving it from his questions, observations, &c., or from those in habitual attendance.

Seriousness need not be gloom; and it is as important to avoid exciting gloomy ideas, as conversing with too much levity; for a gloomy image is sometimes bequeathed by a casual visitor to the imbecile mind of the Patient, which he combats in vain after it has once taken possession, and established its residence there. A friend should rather aim at leaving behind him some new ideas or facts, which may suggest new and pleasant thoughts.

One most important office of friendship to an Invalid, where it can be performed, is to endeavour to remove all that obstructs the exercise of faith, and hope, and prayer, and to give free access to consolation, and afford an easy outlet to whatever may be passing in the Patient's own mind. Let the friendly visitor, above all, himself *pray* that his visit may be useful, and then he will be

secure that some ray of comfort shall pierce the gloom—some fear shall be dispelled, some care shall be lightened, some fetter shall be broken—or at least his prayer shall return in blessings into his own bosom.

It is very common to endeavour to engage an Invalid's interest in another's sufferings in order to lower his estimate of his own, and to excite his thankfulness for his superior mercies. In cases of repining and discontent, it is very useful to do so, but there are many stages of *depression* in which it would be injurious. In general, we would much prefer bringing before an Invalid another's *comforts* and enjoyments. The contemplation of these has a natural tendency to refresh and cheer the mind. But much will depend on the state of feeling of the Individual in question, and either plan requires caution. The feelings of a sufferer often renders his conceptions of pain so vivid, as to make the addition of another's sufferings an almost insupportable burden, especially if he thinks of that other sufferer as deprived of many, if not all his alleviations. In other cases, the happiness of others may make us more sensibly feel our own deprivations, instead of consoling us.

Again, there are states and stages of depression, in which we are liable to doubt if happiness

really exists in this world, and then the having any unquestionable instance of it brought before us is an unspeakable relief. In such cases, the being assisted also to dwell upon those bounties of Providence which are most universally diffused, as light, air, water, food, &c. &c. may be extremely useful—any thing which brings near to us the benevolence of the Deity; because a lurking, though unacknowledged doubt of that, unacknowledged probably to a person's own mind, is sometimes both a consequence and a cause of such depression.

Sympathy with others has always a tendency to lessen our own suffering.* But under the severe pressure of personal suffering, it requires much effort in poor selfish human nature, because it is a going out of oneself, and entering into another's self and concerns. The Sick have the pain of feeling their powers of practical sympathy diminish, while the theory is becoming better and better understood by them. In cases where others are suffering from causes exactly similar, there may, indeed, be some medical advantage obtained by hearing of them; but are there any two cases exactly similar, or that could be made to appear so to the sufferer himself?

Invalids should be guarded as much as pos-

* For suggestions to the Invalid on this point, see Part II.

sible from the shock of sudden, strong, and painful impressions, especially from the sight of illness and distress in others. Associations are so powerful in the mind of the debilitated spectator, that it is long before they can be broken, or their effects counteracted, and they cannot escape by running away from them, as in health. The Sick are not so susceptible of pleasure and hope, as of pain and apprehension; and every stroke not only affects them more deeply at the time, and remains longer with them than with others, but disposes them for the easier impression of any future suffering.

Do not allow of *pros* and *cons* in a sick room; nothing more harasses the Patient than the external operations of fixing, arranging, discussing, or debating. Suspense is trying, even in health; in illness it is a severe infliction, even when only concerning trifles, owing to the unnatural yet unavoidable precipitancy of mental operations in a nervous and irritable frame. The unfavourable effects of suspense, of whatever kind or degree, are incalculable. Illness in itself is always productive of indecision, restlessness, and irresolution; and nothing should be brought before the Invalid to exercise these real tormentors. *Should* the Patient necessarily be called upon for decision, or opinion, on an interesting subject, it

must be remembered that he is often *physically* incapable of producing all his reasons *at once*; that the very interest he feels in the subject may deprive him of his powers of recollection and presence of mind; and that it is not a superfluous indulgence, but an absolute requisite, that he should have time and opportunity given him. A question may be more intricate, and not less interesting and affecting, from what it involves *remotely*, than from what relates to it *immediately*; and though the Invalid may be disabled by various causes, moral and physical, from giving his thoughts *at the moment*, it is very important that he *should* give them; and unfortunately, before the opportunity arrives when he is able to do so, others concerned may have lost their interest in the subject.

The question of concealment, in dealing with a Patient, requires a more extended consideration than we are able to give it. Experience itself may mislead in forming rules on this most difficult subject; for in every case, and with every character, its propriety *at the time* must be referred to the discrimination of surrounding friends. Every distinct case must be determined by the peculiar circumstances that attend it. We may venture to suggest the importance of never attempting more than can be *thoroughly* accom-

plished; and is it not better, when a thing *is*, not to act as if it *were not*; or when an occurrence *has* happened, not to act as if it had *not* happened? One might be almost tempted to conclude, that a decree had gone forth against concealment, so very seldom does it prove *successful*, even when practised from the most generous, and apparently judicious, and even irresistible motive. The object is often frustrated, notwithstanding the most prudent care, and things come out at a worse time and place, when there is not opportunity of anticipating their bad effects, or of meeting them under more favourable circumstances; and the poor Invalid is thus left bareheaded to the pitiless storm.

Where there is the probable prospect of serious, long, or dangerous illness, it is generally best for both parties, certainly for the Invalid, to have it recognized. For the nurse or friend to be always pretending to expect him soon to be well, or to take it for granted the disorder is only a slight, when it is known to be a serious one, and so refer to the future under that impression, is vexing to the patient, who, in order to avoid dispute, is, perhaps, induced to subscribe to this idea, and to conceal his own knowledge of his state. In what can this plan of mutual dissimulation end, but in depriving the Patient of those

advantages which arise from a full recognition of his claims to pity and attention?*

It is very desirable that hope should not be given up, even in cases of the most alarming illness, till the very last; because when hope is quite gone, the mind is unequal to devising, or putting into execution, the means necessary for recovery.† At the same time it should be remembered, that a too sanguine indulgence of hope, when there is small foundation for it, forms a bad preparation for its total extinction, and makes the blow, so earnestly deprecated, fall more heavily.

Surprise is sometimes expressed, that one great and long-established disorder should not render Invalids insensible to trifling maladies. It is said they can bear great things, but sink under little ones. We wonder that any one suffering under dropsy, &c. should even feel or notice trifling maladies, forgetting that *every* little access of disorder immediately bears upon and aggravates the old one; and that the general sensibility of the frame is incalculably increased by that very long suffering which is ignorantly expected to

* It cannot be too constantly in the recollection of friends and attendants, that some of the sufferings of the Patient can be measured by *him alone*, since his estimate is formed from painful personal experience, to which they are, of course, entire strangers.

† Dr. Tylston, of Chester, used to say, that many were lost, from its being *said* they were so.

have rendered it inured and insensible. The mind also is become more alive to trifling misfortunes, and the body, like a worn-out case, no longer does its office of protecting, but grates upon the bruised spirit.

We feel at a loss what to advise with respect to *employing* the Invalid, or rather inducing him to employ himself. Employment should be wholly voluntary, not enjoined. In cases of pain or depression, mechanical or amusing occupation is extremely useful in diverting the attention; but as it often increases the collateral causes of pain and illness, by occasioning general feverishness, agitation, &c. &c., not to speak of sickness, dizziness, weakness or inflammation of the eyes, &c., which, in effect, stamp hours of their suffering time with the seal of inability, it becomes a choice between two difficulties, (alas, how many questions in illness have *only* this choice!) and must be left to the Patient's own temporary determination. This may safely be done, for it may be questioned if any human being can be long debarred the power of employing himself (still more if it be *herself*), without effectually learning the worth of occupation in a medical and prudential, as well as moral, point of view.

Avoid speaking of *economy* in a sick room, especially as relating to any accommodation or

provision for the Patient. Withholding indulgences entirely, is generally a less evil to him than the cruel reflections excited in his feeble mind by such considerations. A person in health can by no means enter into the peculiar sort of estimate made of money by the Sick—and *vice versâ*. They who are in torture, or even in dejection, can hardly *understand* any other value it can have than to *relieve*, if, indeed, it *could relieve*. They conceive it would be felt by any one who possesses it, as bringing in the highest interest when put out to such purpose; they can scarcely retain any recollection themselves of having once valued many things they now see others prize, things too which themselves had not dispensed with when in health; and “they are sure that if *they could but be well*, it would even be *pleasure to work* for, and to pay, or procure for the Sick, *any* thing they have found useful to themselves.”

Even of fatigue they cannot be expected to form an adequate estimate; they are apt to compare it with pain, and so to underrate it; it would be unreasonable to *expect* them to be considerate. The attendants and friends should themselves be considerate for the Patient, by taking care of themselves, as we have already suggested, and showing that they do so; telling

when they are tired, and going to rest, &c.; and that, not in a tone of apology or expostulation, but as *taking for granted* they are thus doing what the poor Patients would most earnestly wish and require, and what they would have *requested*, had not their own sufferings driven it out of their *recollection*—not out of their disposition. Believe—conclude—that they are most anxious you should not be injured by your attendance, and that nothing is so bitter to them as hearing or perceiving that you are so. They are particularly alive to self-reproach, and perhaps this is of all others the subject on which it is most easily excited and most bitterly felt.

Your distress and fatigues have the support of *sympathy*. We repeat, (for we are anxious to impress a truth, more frequently forgotten than called in question,) that for one who is competent to enter into the sufferings of the Invalid, a thousand are qualified to understand and pity the uneasiness and deprivations of attendants. It does not require to be made over again, or rather to be all unmade, to become aware of all that an anxious, watching friend must suffer; but it does require all this to understand the feelings of the Invalid. Invalids are also not only uneasy about the health of their attendants, but, feeling responsible to the *friends of their friends*, they

fear to be thought by the latter inconsiderate and unreasonable, to the length sometimes of even ceasing to express their wants and wishes.

We would recommend, as a measure of expediency in some cases, that the attendant of the Sick should not always be one who is habitually familiar. The dearest friend, and the most valued, should not be constantly in sight. A wife, a sister, or a child may become, at some times, and under peculiar circumstances, the person the least calculated to be beneficial to the Patient. It is desirable for him to have occasionally some one to minister to his wants upon whom he has no established claim, no domestic, allowed, habitual right. From the very circumstance of feeling too familiar, there is in some minds less dependence upon the suggestions of domestic or family friends, and more irritation towards them, which operate injuriously upon the Invalid as well as upon the attendant.

When in such moments the temper seems petulant (perhaps the reverse of what you have known it in health), attribute it to that cloud of darkness, and helplessness, and *ignorance of all that is passing*, which besets their condition. "The Sick, like the unfortunate, are naturally suspicious," and should be forgiven on the grounds on which you excuse their being deaf, lame, or in any other

way troublesome. Endeavour to spare them the sense of injustice, or the feeling of resentment. Pity them more for this than for any other bitter adjunct of their piteous lot, and extenuate, as far as justice will permit, the faults and failings of their temper, which make them quarrel with themselves, for this is the suffering most painful to the mind.

And it is not the mind only that suffers. The injury produced to the *body* also, by irritation, is often very serious, unavoidable, and immediate; accelerating the circulation, flowing with the blood, beating with the pulse, and vibrating with the nerves; perpetuating itself long after the feeling would have subsided in a stronger state of health. "There is that speaketh like the piercings of a sword." This becomes almost *literal* of any displeasure expressed towards the Sick. "My son, blemish not thy good deeds, neither use uncomfortable words when thou givest any thing. Shall not the dew assuage the heat? so is a word better than a gift. Lo! is not a word better than a gift? but both are with a gracious man." "A small unkindness is a great offence" to the sore and darkened mind of the poor Patient. "O add not trouble to a heart already vexed." When the cup is quite full, a single drop more makes it overflow, and the additional drop is indeed a

bitter one, if poured from a hand from which we look only for balm, and which has been accustomed only to administer cordials. "How long will ye vex my soul, and break me in pieces with words?" (Job xviii. 2.)

Recollect also how much consolation for yourselves afterwards you are now sowing, by present forbearance and patience towards the Sick. Should the illness terminate fatally, how richly will you be recompensed in that mournful hour, when the recollection of a few recent weeks is sunk into the many former years of remembered affection, attachment, and esteem; that hour when the sorrowing heart is sufficiently addicted to "compunctious visitings," and a "too-late tenderness;" when you recall "a thousand favours unrepaid, a thousand duties unperformed, and wish, vainly wish, for their return, not so much that you might receive, as that you might confer benefits."

But when we would attempt to write a code of ethics for the sick-room, or to paint the sufferings of its hapless tenant in all their minute shades and various forms, we sink under the undertaking, and can only hope to suggest the subject to some abler hands. We only bring in evidence of what has fallen under our own observation and experience; and though from the *grave* no traveller returns to give information to others who must

soon go that way which none have passed heretofore, yet from the *sick-room* many do return ; and it would be found useful if some of these would “their tale unfold, and tell the secrets of their prison-house,” for the information of their fellow-sufferers, which, at one time or other, comprehends all their fellow-creatures.

It has often been observed, that the *Recovery* is the worst part of the disease. It is that part of it in which at least the *mind* of the Patient suffers most. This is left enfeebled by the violence of the disorder, and many other causes operate with tenfold severity upon it.

The habits and requirements of an Invalid are become more established and imperative, particularly the long-impressed sense of dependence and languor ; and the attendants are weary, or perhaps elated (by the very hopes that testify their affection) beyond what is suited to a sick-room, which is still, and perhaps more than ever, a suffering one to its inmate. Perhaps relaxation of attention is induced, when attention is most wanted, and the abatement of it most keenly felt ; so that “being pronounced out of danger,” (a decree

of emancipation to nurses, and of release to friends,) proves sometimes a signal of new infliction to the Patient.

He is, besides, often expected to become well as quickly and suddenly as he became *ill*; and the impatience of friends on this subject we have known occasion to the Invalid the severest sufferings he has yet experienced. The desire to *keep up* to these claims upon him, added to his own anxiety, not seldom produces a relapse, when there is more to be done than even to begin all over again. Sometimes a recovering Patient is called upon to exert his powers in all their integrity, and to resume the work, or the situation, he before held—to be conscious to all that has passed—(though all is as a dream, and memory like a ragged sieve)—to unravel the tangled skein of life and thought; and at once to be alive to the past and future, when the present itself is overwhelming and unintelligible to his confused faculties. The disease (or at least its remaining fragments,) still stands between him and every thing which a healthy state would allow him to see and feel. It takes away the comfort he might have from being better, if the expectations and demands of his friends are disproportioned to his strength. The Patient has a measure to guide him in his attempts to extend his exertions, which

others cannot have—the comparison of present feelings with past experience.

How differently circumstanced are convalescents and their surrounding friends! The latter are naturally led to dwell most upon the pleasing appearance, and the smallest indications of recovery—the former on the more gloomy side of the picture—on the shortness of the glimpses of improvement, its partial extent—the sense and presence of remaining disease and incapacity—because they are still feeling the touch and pressure of pains and weakness, of which the friends are endeavouring to lose the sight and remembrance. The friends are able to look at things which are not as yet; the Invalid feels things as they are, remembers too well what they have been, and what they may be again, and that, should a relapse come, it would be worse to bear after a prospect of better things.

One part of an illness is so connected with another, that it is not until *the whole* can be reviewed that any part can be judged of truly, with respect to the personal sufferings of Invalids. They and their friends cannot exchange feelings, or feel alike. As, therefore, mutual sympathy is impracticable, from want of mutual experience, they must the more abundantly exercise mutual candour, forbearance, and kindness.

After growing even a little better, Invalids have often to trace back their steps, and that at a quicker rate.

In proportion as a little increase of strength increases their feeble powers of reflection, so do the long-accumulating materials of painful reflection increase upon their view.

It may be inferred that the longer an illness has lasted, the more necessary must it be to take only *slow and sure* steps to recovery. When abundant time has been given for the *early steps to have formed a secure footing*, and much care taken in *ascertaining this period*, then, without urgency to exertion, or reproach for the want of it, it would be well that friends should contrive some *arrangement of circumstances*, that may place before the Patient what is desirable as matters of course or of choice; and, on the other hand, what is hurtful should be rendered, if the case admit of it, physically impracticable, instead of being suspended on his own resolution or decision.

Irresolution, as we have already observed, is always a constituent part of disease, either bodily or mental, and nothing is so hurtful or mortifying to an Invalid as the occasions which call it forth. There should therefore be a sort of mechanical force employed imperceptibly to produce what is desirable, and to preclude what is hurtful—a

line of conduct suggested or insinuated by circumstances.

Thus a journey taken *of course* (not *on purpose*), when they "may be called" to some friend, or "wanted by" an absent child to *give* pleasure or comfort, rather than to seek it; in short, some object beyond self should be suggested, (not pressed,) which always proves far more salutary to the Invalid himself than any *prescribed* merely for his own advantage.

A long illness is seldom wholly recovered in the *scene* in which it has been suffered. New objects are indispensable, to inspire that consciousness of amendment, of renewed existence, and to induce that change of habits and of thought, which bespeaks perfect recovery.

As soon as it can be done without danger, every thing ought to be removed from about a convalescent that is strongly associated with the ideas of sickness. As long as he is immured in those apartments to which he has been for weeks or months necessarily confined; till he has discarded the dishabille as well as the diet of indisposition, and has begun again to breathe the ordinary air, to resume in every respect his wonted course of life, he will not be restored to the former condition of his health or spirits; but this resumption of former habits must not be forced or hurried

upon him; he must be *drawn* back to them, not *driven*.

A garden at hand is inestimable to a convalescent; the air, the stream, the gaiety of flowers, the singing of birds, are all reviving; *their* cheerfulness is quiet, *their* gaiety inoffensive, and the feeble or dejected mind is drawn out of itself imperceptibly.

* * * * * "Fair the face of spring,
When new-born songs and odours wake the morn
To every sense; but how much more to him,
Round whom the bed of sickness long diffused
Its melancholy damps: how doubly fair,
When first with new-born vigour he inhales
The balmy breeze, and feels the blessed sun
Warm at his bosom, from the springs of life
Chasing unwholesome damps and languid pain."*

The first feeling of fresh air after a fever is almost transport, and reminds us of the poor captive of thirty years, who recognised this luxury even in his walk from the Bastile to the scaffold.

"See the wretch that long has tost
On the thorny bed of pain,
At length repair his vigour lost,
And breathe and walk again.

The meanest flow'ret of the vale,
The simplest note that swells the gale,
The common sun, the air, the skies,
To him are opening Paradise."†

* Akenside.

† Gray.

SUPPLEMENTAL CHAPTER.

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— BUT perhaps it may please God that the Patients do not recover, and that, instead of our pleading for them and counselling you how to bear their illness, we have need to counsel you how to bear their loss—how to sustain your Christian hope in the “valley of the shadow of death,” through which you feel yourselves passing with those you love, so awful is its impression on your minds. You wish not only to be instructed in your attempts to assist and support them under this last extremity, but you require to be yourselves supported and consoled. Alas! we can only refer your broken spirit to that God who has wounded and can heal—“the Father of mercies, and God of all comfort.” Alas! all human counsel and encouragement are cold, and comfortless, and unavailing. We can only refer your sinking spirit to that God who is the strength of the heart, when flesh and heart fail. He has said, “When thou passest through the waters, I will be with thee, and through the rivers, they

shall not overflow thee.” And to plead for, and wait for the accomplishment of such a promise as this, is the only available expedient that can be tried, as well as the most soothing occupation for a distressed and bewildered spirit.

Dr. Ferriar, in his chapter on the “Treatment of the Dying,” exhorts the attendants to remain perfectly quiet. Certainly the utmost tranquillity should be maintained, but at the same time the utmost watchfulness over every look and motion of the Patient, since much agony has been incurred, and perhaps some lives lost, from the Patient being supposed to be asleep, or keeping voluntary silence.* Where palsy or other oppression has totally shut the senses, we may not be certain that there is not still some inward life and feeling. It has been known, that on shouting loud in the ear, a slight motion in the lips has betrayed an ineffectual attempt at utterance. It is quite possible, that in many cases consciousness may still exist, though it is unable to appear, in consequence of the muscles usually employed refusing to discharge their accustomed office. Nothing is more terrific than the idea of being

* We ourselves have *known* instances of a serious omission of help, from the ill-founded persuasion, on the part of the attendants, that the Patient was sleeping. In the one case (of typhus fever), nourishment was needed, and in the other (of apoplexy), bleeding.

buried alive, and for the mind to be interred in a living tomb is almost as bad.* The Patient being allowed to “lie quiet,” is perfectly consistent with *watchfulness*, which is very distinct from any thing like officiousness or agitation. These must, at all events, be avoided. Even where no signs of impatience, or of wishing to speak, appear, the Patient may be soothed by some sentence, some promise of Scripture, (we have known them, under these circumstances, *request* their friends to “speak to them;”) a sentence of prayer, or a pious ejaculation or consoling recollection, may convey comfort to the parting spirit.

Sometimes the body may require a temporary cordial or refreshment, in order that the enfeebled sufferer may have power to deliver the thoughts that may be labouring for utterance. A deep impression is left on our minds (when supposed by ourselves, and all around us, to be under like circumstances) of that extreme longing to be restored to the feeling of health, and to its usual powers and resources, if only for a few minutes, that we might have courage to face death—be-

* Should such a thing happen as a person's being interred when the dormant spark of life was not quite extinguished, there is no chance of its being awakened to life after interment. This aggravation of fear, therefore, is unnecessary, though not always avoidable.

believing that with these it would be easier to die the most violent death, than to meet the most easy and natural *without* them. The administering medicinal cordials, or any temporary substitute for strength, must, of course, be referred to the Physician, if present.

But should friends *afterwards* suspect that, either in doing too little or too much, mistakes *have* been made in the last moments, or in the general treatment of the deceased; when a too late recognition of this error shall assail the mourning friend, and strike upon the wounded heart with something like remorse, (for of such bitter regrets it is sometimes not only susceptible, but tenacious,) let it be assuaged by the reflection that as the event, so likewise were all its circumstances, in the hands of God; and that in death, as in all other events, he worketh by means. Repine not at the absence or misapprehension of the Physician, the inattention of nurses, or your own ignorance. It was equally His appointment that the Physician *should* be absent, the disorder mistaken, or the attendants inexperienced; that the most consummate skill and unremitted watchfulness *should* fail; that his servant *should thus* be removed, and at *this time*. By whatever instruments He saw fit to act, the hand was His, and the purpose mercy. Be ours the most unreserved

submission. "I was dumb, I opened not my mouth, because Thou didst it."

This view of the subject, this prostration of heart and will before Him in ALL *He* does, is not only our duty, but our interest.

O may our minds be subdued into such a perfect conformity to, and union with, the will of God, as shall stand in stead of all consolation!

Perhaps, while those troubles which seem to us to be dealt or aggravated by the unkindness, carelessness, or even the more innocent ignorance, of our fellow-creatures, are apt to hurt and lacerate the mind, such strokes as come by the more apparent agency of God are less bitterly felt. They come "as an armed man," subdue resistance, and are felt to bid defiance to struggling—the mind sinks and subsides into quiet resignation, appeased and convinced. We may not *see* their expediency or justice, but we *know* it.

But we must not too critically discriminate between afflictions that proceed more immediately from Himself, and those disappointments that come from the world. We ought to reflect, that though the providence may be less obvious, it is no less His hand that reaches us through others. He does not expect us to punish ourselves, but He does expect us to bear with patience those punishments which He inflicts, whether they

come down immediately from Himself, or through the medium of his creatures.

Sufferings are the only relics of the true Cross, and, when turned to our spiritual good, they almost perform the miracles which blind superstition ascribes to the false ones.

Prepare yourselves to *suffer*, as well as to *do*, *all* his will, in whatever way signified and administered. Recollect how often you have thought you could cheerfully sacrifice wealth, honours, every thing, to your duty, to the will of God; when you have said in your heart, “Although the fig-tree shall not blossom, and there shall be no fruit on the vine, yet will I rejoice in the God of my salvation.”—“Though he slay me, yet will I trust in him.” Perhaps *now* is the time that something dearer than wealth and honours, than life itself, is required of you—an idol of your heart. Think then of your former vows. If your thoughts and vows have been honest—if they have not been presumptuous—you must not shrink from a sacrifice, now the time for it is come, because it is costly. God has mercifully taken from you what you had not the courage to offer him—it was easy to talk of “giving up the world, and the things of the world”—let us, then, by submitting patiently to have that taken from us which made the world valuable to us, give it the

character of a "sacrifice, holy and acceptable unto God, which is our reasonable service."

Let us not be so stunned by the blow as not to hear God saying, "Fear not; I, even I, am He that comforteth you. I your Father am yet alive; I gave you your departed friend; I sent every benefit which was conveyed through him; trust me for blessings yet in store; trust me with him, and with yourselves."

Our very attachment to the deceased, in proportion to its strength, should dictate some disinterested motives of consolation. If he has suffered much and long, and was prepared for the awful change, our own regrets should be suspended in the contemplation of his gain—we should feel as though welcoming him to a home, where at length the weary and tortured frame will be at rest. No pains or griefs can find admittance to him over the threshold, within which he has been received—no fierce disease can there bid his days be without ease, and his nights without repose.

"No more fatigue, no more distress,
Nor grief, nor pain shall reach *that place*;
No groans shall mingle with the songs
That dwell upon immortal tongues.
O long-expected day, begin,
Dawn on these realms of pain and sin;
With joy we'll tread th' appointed road,
And sleep in death—to wake with God."

“He is taken from the evil to come, he is entered into peace.”

“And now that you can help those that are gone no longer, think how you may best improve the hour of affliction to yourselves and others, and sanctify the stroke to your own salvation. ‘Whenever God strikes, he speaks.’ He commands silence, that he may be heard, and removes intervening objects, that he may be seen. Pray that he will deal with your heart, so as to give it a serious impression now it is softened, and a heavenly direction while it is moved.”

“If the loss of what we loved does not make us more earnest to secure our salvation, we may lose at once our friend and our soul. To endure the penalty without the profit, the calamity without the indemnification, is to be emphatically miserable.”

The Scriptures say, “The heart of the wise is found in the house of mourning.” It is also often *formed* there. “We seldom make any close acquaintance with God till we meet him in trouble.” We do not give heed to our own soul and its concerns, till our “smitten friends, like angels sent on errands full of love,” remind us that Death will not be long in coming *to us*; that “we know neither the day nor the hour;” “that the covenant of the grave is not showed unto us.” We may

learn to acknowledge, with a fellow-proficient in the school of affliction—

“Father, I bless thy gentle hand;
How kind was thy chastising rod,
That forced my conscience to a stand,
And brought my wand’ring soul to God.
Foolish and vain, I went astray,
Ere I had felt thy scourges, Lord,
I left my guide—I lost my way;
But now I love and keep thy word.”

“Amid my list of blessings infinite,
Stands this the foremost—*that my heart has bled.*
For all I bless thee—most for the severe;
Her death—my own at hand.”

“Death at hand (as an old writer expresses it) should be death in view.”—Consider the great Physician as now proposing the solemn question to your conscience, “Wilt thou be made whole?”—May the language of your heart be that of the Apostle’s, “Lord, if by *any* means!”

While your tenderness yearns after your lost friend, represent to yourself how he or she would most have wished you to feel, and think, and act. Let every sentiment of esteem and affection be hallowed into a solicitude for your own improvement; and let the presence and guardianship of the spirit of your deceased friend be continued to you, in your care to do what you know they would have wished you to do. His counsels proceeded from that part of his nature that will

live for ever, and were addressed to that part of yours which also shall survive the grave. This unconscious presence, and this silence of death, speaks with more than the solemnity of a last admonition. Does it not plead with you to make your lost friend a sharer in that "joy in heaven over one sinner that repenteth," which we are told the blessed spirits themselves do not disdain to feel?

BEFORE we quit the hallowed remains, let us, as on an altar, offer up vows from "a pure heart fervently."

"O God, merciful Father, that despisest not the sighings of a contrite heart, nor the desire of such as be sorrowful, mercifully assist our prayers that we make before Thee in our troubles and adversities; and grant, that in all our afflictions we may put our whole trust and confidence in thy mercy, and henceforth serve thee in holiness and pureness of living, through our only Mediator and Advocate, Jesus Christ our Lord." Amen.

"O God, the Father of Heaven, have mercy upon us, miserable sinners."

"Remember not, Lord, our offences, but spare us, good Lord, and be not angry with us for ever."

“Good Lord, deliver us, in all time of our tribulation, in the hour of death, and in the day of judgment.”

LET US PRAY.

O FATHER of Mercies, and God of all consolation, who alone canst save, to whom shall we turn in our distress, but unto Thee. Thou only hast life; Thou only art unchanging, and of thy years there is no end. In the awful presence of death we acquire deeper conviction of our entire dependence upon Thee. Man passeth away as grass, but thy word shall never pass away. O make us hang upon Thee now, with an unreserved reliance on thy mercy, and an unrepining submission to thy will, and send us not desolate from thy presence. We have all sinned, and done evil in thy sight; we have deserved this judgment at thy hand; we plead not our worthiness as the claim upon thy mercy—we lay before Thee our misery, our helplessness, and our destitution; and remembering thy long-suffering and tender pity, we have hope.

Hear us, we beseech Thee, in this day of our visitation, and deliver us. Lay bare thine almighty arm, and show that thou art God. Make this humbling dispensation which Thou hast dealt out to us, the occasion of reaching hearts that

have hitherto been careless and unaffected by thy providences; and out of this our present mourning, bring forth in thy good time an abundant increase of spiritual consolation and enduring joy. Let none under this roof be any longer at enmity with Thee; suffer none who worship with us now, to be missing at the general assembly of the first-born above; teach us who survive to see how frail our own condition is, and so to number our days that we may apply our hearts to the wisdom of preparing for our own departure hence. Make us to remember that we must follow soon, that our turn may be sudden, that it may be next. O grant us grace to consider, in this thy day, the things that belong to our everlasting peace; to use all diligence to make our calling and election sure; to work out our salvation with fear and trembling now, while it is called to-day, knowing that the night cometh when no man can work.

Blessed be thy name, Thou hast bid us not sorrow as those that are without hope, for Thou hast sent thy Son Jesus Christ, not to condemn the world, but that the world through Him might be saved; that as many as believe on Him should not perish, but have everlasting life. Thou hast assured us that He is gone to prepare a place for His disciples, that where He is, there they

may be also; and we are persuaded that He is able to keep that which we have committed unto Him until that day. We know that though this house of our tabernacle be dissolved, we have a building of God, a house not made with hands, eternal in the heavens.

O Thou that speakest to the waves, and they obey thee, allay the tumult of our grief; compose our troubled minds; assuage our bitter regrets. We implore thee to lighten this heavy burden of affliction; above all, to sanctify it to our everlasting benefit. O soften our hard hearts; melt them by thy mercies; may it not seem necessary to thee to take away our remaining blessings, but *gently* wean us from our idolatries. May love of thee be supreme in our hearts; quench all worldly attachments that would withhold us from thee; shed thy Spirit abroad in our hearts; make thy terrors cordial, and thy stripes healing, to our souls, and by the sadness of our countenance may our hearts be made better. May we spend the remainder of our days in thy fear, and finally be received into thine everlasting kingdom.

We would pray for our fellow-sufferers, for all our fellow-creatures. Hear the supplications of all that call upon Thee; recall the hearts, and open the eyes, of those that never pray for themselves. May they who have sinned be converted;

they who have fallen be retrieved; they who are asleep be awakened; they who are lost be found.

“Those who are this day changing worlds, O God, do thou support, prepare, pardon, and receive. Let each of us remember how soon we must follow. In the midst of life we are in death: of whom may we seek for succour but of Thee, O Lord, who for our sins art justly displeased against us. Yet, O Lord, most holy—O God, most merciful, thou most righteous Judge Eternal, deliver us not to the pains of eternal death.” Amen.

“The Lord grant that we may find mercy of the Lord in that day.”

COLLECT,

FROM THE BURIAL SERVICE.—PRAYER BOOK.

“O merciful God, the Father of our Lord Jesus Christ, who is the resurrection and the life; in whom whosoever believeth shall live, though he die; and whosoever liveth, and believeth in Him, shall not die eternally;” who also hath taught us, by his holy apostle St. Paul, “not to be sorry as men without hope, for them that sleep in him:” we meekly beseech Thee, O Father, to raise us from the death of sin unto the life of righteous-

ness, that when we shall depart this life we may rest in Him; and at the general resurrection in the last day we shall receive that blessing which He shall pronounce on all that love and fear Thee, "Come, ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world." Grant this, O most merciful Father, through Jesus Christ, our Mediator and Redeemer. Amen.

"Come, and let us return unto the Lord: for he hath torn, and he will heal us: he hath smitten, and he will bind us up." Hosea vi. 1.

"Mine eye trickleth down, and ceaseth not, without any intermission,

"Till the Lord look down, and behold from heaven." Lamentations iii. 49, 50.

"O Lord, I am oppressed; undertake for me.

"What shall I say? He hath both spoken unto me, and himself hath done it: I shall go softly all my years in the bitterness of my soul.

"O Lord, by these things men live, and in all these things is the life of my spirit: so wilt thou recover me, and make me to live." Isaiah xxxviii. 14, 15, 16.

"Wherefore doth a living man complain, a man for the punishment of his sins?

“Let us search and try our ways, and turn again to the Lord.

“Let us lift up our heart with our hands unto God in the heavens.” Lamentations iii. 39, 40, 41.

“What shall I cry? All flesh is grass, and all the goodliness thereof is as the flower of the field:

“The grass withereth, the flower fadeth; but the word of our God shall stand for ever.” Isaiah xl. 6, 8.

“For the Lord will not cast off for ever:

“But though he cause grief, yet will he have compassion according to the multitude of his mercies.

“For he doth not afflict willingly, nor grieve the children of men.” Lamentations iii. 31, 32, 33.

“This I recall to my mind, therefore have I hope.” Lamentations iii. 21.

“Thou hast heard my voice; hide not thine ear at my breathing, at my cry.

“Thou drewest near in the day that I called upon Thee: Thou saidst, Fear not.” Lamentations iii. 57, 58.

“It is of the Lord’s mercies that we are not consumed, because His compassions fail not.

“They are new every morning: great is Thy faithfulness.

“The Lord is my portion, saith my soul; therefore will I hope in Him.” Lamentations iii. 22, 23, 24.

“For I know that my Redeemer liveth, and that he shall stand at the latter day upon the earth :

“And though, after my skin, worms destroy this body, yet in my flesh shall I see God.” Job xix. 25, 26.

“But now is Christ risen from the dead, and become the first-fruits of them that slept.

“For since by man came death, by man came also the resurrection of the dead.

“For as in Adam all die, even so in Christ shall all be made alive.” 1 Cor. xv. 20, 21, 22.

“Jesus said, I am the resurrection and the life : he that believeth in me, though he were dead, yet shall he live :

“And whosoever liveth and believeth in me shall never die.” John xi. 25, 26.

“I heard a voice from heaven, saying unto me, Write, Blessed are the dead which die in the Lord from henceforth : Yea, saith the Spirit, that they may rest from their labours ; and their works do follow them.” Revelations xiv. 13.

“I would not have you to be ignorant, brethren, concerning them which are asleep, that ye sorrow not even as others which have no hope.

“For if we believe that Jesus died and rose again, even so them also which sleep in Jesus will God bring with him.” 1 Thess. iv. 13, 14.

“For the Lord himself shall descend from

heaven with a shout, with the voice of the archangel, and with the trump of God; and the dead in Christ shall rise first:

“Then we which are alive and remain, shall be caught up together with them in the clouds, to meet the Lord in the air: and so shall we ever be with the Lord.

“Wherefore comfort one another with these words.” 1 Thess. iv. 16, 17, 18.

HYMNS.

IN vain my fancy strives to paint
The moment after death,
The glories that surround the saints,
When yielding up their breath.

One gentle sigh their spirit breaks,
We scarce can say "They 're gone!"
Before the willing spirit takes
Her mansion near the throne.

Faith strives, but all its efforts fail
To trace her in her flight;
No eye can pierce within the veil
Which hides that world of light.

Thus much (and this is all) we know,
They are completely blest;
Have done with sin, and care, and woe,
And with their Saviour rest.

Their faith and patience, love and zeal,
Should make their memory dear;
And, Lord, do thou the prayers fulfil,
They offered for us here!

While they have gain'd, we losers are,
We miss them day by day;
But thou canst every breach repair,
And wipe our tears away.

We pray, as in Elisha's case,
When great Elijah went,
May double portions of thy grace
To us who stay be sent.

"Blessed are the dead which die in the Lord."—REV. xiv. 3.

HEAR what the voice from heaven proclaims,
For all the pious dead;
Sweet is the savour of their names,
And soft their sleeping bed.

They die in Jesus, and are bless'd,
How kind their slumbers are!
From suff'rings, and from sins releas'd,
And freed from every snare.

Far from this world of toil and strife,
They 're present with the Lord!
The labours of their mortal life
End in a large reward.

APPENDIX.

No. I.

LIST OF ARTICLES.—(*Referred to page 18.*)

WHICH of these it may be desirable to possess, will depend upon the space there is for keeping them, the probability of their being wanted, and the facility of procuring them when needed.

BOX OF SCALES AND WEIGHTS. On the inside of the lid should be pasted a table of apothecaries' weights, and the figures used for them.

GRADUATED GLASS, for measuring ounces. (A common table-spoon is reckoned to hold half an ounce.)

A GRADUATED GLASS FOR DROPS. As the size of drops differs in different medicines, it would be well to get the prescriptions given with reference to the measure.

IVORY OR EARTHENWARE SPOON, for such medicines as affect silver.

SMALL MORTAR, for mixing medicines.

A GRADUATED GLASS.

PHIAL CORKSCREW. SMALL FUNNEL.

WHALEBONE, with a small SPONGE at the end of it, to push down any thing in the throat which will not come up, and which threatens choking.

PAIR OF PINCERS, to bring up bones.

SMALL SYRINGE, for the ear or throat.

SYRINGE, for cleansing the throat of a child who is unable to gargle. It has a long pipe, perforated at the end like a watering can. By means of it you can throw the gargle in every direction.

GRADUATED BASIN, for bleeding, in which should always be kept old linen, lint, fillet for the arm, tape, and scissors.

LARGE AND SMALL SPONGES, to use with Leeches. There are small **WIRE BASKETS** made on purpose for applying leeches, to which they cannot adhere as they do to glass. There are also **SMALL GLASSES**, the size and shape of a leech, for holding them in when applied to the mouth, &c.

APPLICATIONS FOR BURNS AND SCALDS. The readiest, and at the same time the most effectual application for all kinds of burns, whether made with hot iron or hot water, whether the skin is off or not, or is blistered or not, is, simply dredging the affected part with flour.

BANDAGES—of cotton in preference to linen, because it is more elastic—it should be without hem or selvage, and should be washed before it is used.

ADHESIVE PLAISTER, spread on cotton (in preference to linen), and also on black silk.

POT OF BLISTER OINTMENT, with leather ready, is better than having blisters ready spread.

HALF-COVERED SMALL BASIN, with handle and spout, called a Sick-cup.

INHALER, for steaming the throat. A small tea-pot is a good substitute.

SPOON, for administering medicine to children. It is made on the principle of the medicine being retained in the spoon until it is placed so far back in the mouth that the child has not the power to throw it back again. This is effected by the bowl of the spoon being covered by a lid which closes the whole, excepting a small portion of the tip, and the handle being hollow and open at both ends. When used, the medicine must be placed in the spoon, and the lid shut closely—the finger must then be firmly pressed upon the open extremity of the handle, and the spoon placed far back in the child's mouth—at this moment the finger must be

taken from the extremity of the handle, and then the medicine falls into the throat by its own weight.—The same kind of spoon might perhaps be used with advantage by grown-up persons, when they have medicines to take which injure the teeth.

A TUBE, made of composition metal, five or six inches long, bent nearly in the form of an S, to which is attached a thin narrow slip of the same metal for fixing it on the edge of a cup or basin, by which means a weak and exhausted Patient is enabled to take liquid nourishment without rising from the pillow.

A SILVER FORK, made broader at one edge than the other, and that edge made sharp to use as a knife, an Invalid will find very convenient when only able to use one hand.

JOINTED BED OR COUCH, in case of lameness or fracture.

SOFA OR BED TABLE.

LEG REST.

KNEE REST.

BED CHAIR. Chair-back, for supporting an Invalid upright in bed. It is made on the principle of a reading desk or music desk, which enables you to change the degree of inclination according to the requirement of the Patient.

An Invalid sometimes finds great relief, when in an open carriage, from a false high back being placed behind him, consisting of a light wooden frame filled up with cane-work, and of the size and shape of a common easy chair.

Among the articles used for the benefit and accommodation of persons in the Leith Dispensary and Humane Society, is mentioned, "An Elastic Car for the Carriage of the Sick." (See Scottish Missionary and Philanthropic Register, vol. 8, No. 3, March, 1827.)

A very simple contrivance to enable an Invalid to lie in a Carriage (a Coach) is, having a piece of sacking or interlaced girthing, half the width of the carriage, fixed to two iron rods, which have spikes to them, to go into corresponding holes in the carriage front and back seats. This, having a cushion on it to raise it to the same height as the rest of the seats, gives greater length for the legs than can be otherwise obtained. But there are some Invalids for whom a change of air and scene may be

most desirable, who are not able to bear the shaking of a wheel-carriage *at all*, or to sit as upright as a sedan chair requires, for a sufficient length of time to be conveyed far enough to obtain change of air. To such, the contrivance of a vehicle which would have the advantage of obviating both these difficulties, is still a desideratum, even in these days of locomotive varieties. Perhaps some of the East India palanquins come the nearest to the thing wanted of any kind of carriage we can suggest.

AROMATIC VINEGAR. SMELLING SALTS.

SWEET OIL.

ETHER. HARTSHORN. SAL-VOLATILE. (These should not be kept too long—six months is long enough.) These pungent and volatile stimuli are less eligible when the Patient is fainting from extreme debility, and the pulse low, and the skin cold and damp, than cordials; and in such cases brandy, broth, warm water, or tea should be given, even though the standing disorder may be of an inflammatory nature, as scarlet fever, inflammation of lungs, &c. Such temporary *sinkings* will sometimes occur after much bleeding, but especially from distress of the bowels; the volatiles are sometimes often decidedly objectionable, if not dangerous—stopping the breath, and harassing even to convulsion. The sinkings are to be carefully watched, as the counteraction must be *immediate*, and kept within sudden reach.

It has happened to us to be nearly lost by being “kept quiet,”—*supposed* sleeping, and for several hours seeing friends walking about on tiptoe, ourselves fearing that amidst so much care we were dying from want of the pulse being examined, or its being *seen* that we needed a cordial or nourishment to revive us, but had not power to ask for it.

Many, we fear, are quite lost from this fear to disturb, and this unconsciousness in attendants that the Patient *could not speak*.

ROCHELLE OR EPSOM SALTS—kept in BOTTLES.

CASTOR OIL. RHUBARB. GINGER.

HENRY'S MAGNESIA. ANTIMONIAL WINE.

IPEC WINE. IPEC POWDER. Where there are Children it is well to keep some of this ready weighed in suitable doses, for emetics; in sudden attacks, such as the Croup, it is important to have remedies quite ready.

CALOMEL.

LAUDANUM. So many fatal accidents have happened in consequence of taking this medicine in mistake for others, that it is much to be wished that any quantity it is desirable to have should be kept in bottles so small as to prevent their recurrence.

There is a little work, which will be found a very useful accompaniment to the Medicine Closet, especially in the country, as it gives the uninformed and inexperienced sufficient instruction with respect to the most common and generally approved medicines, without entering into details, either as to medicines or disorders, which might tempt them to go beyond the strict limits of what is safe, without having the sanction of the immediate personal directions of a Medical Man. The title is, "Medical Hints, designed for the use of Persons resident in places where Professional Advice cannot be immediately procured. By the late H. Bickersteth, Esq., Surgeon."

SLIPPER BATH. HIP BATH.

FOOT AND LEG BATHS. There is now a new and most convenient kind of leg bath, made of tin.

A VAPOUR BATH, called a Sudatorium, which is designed for the Patient to use in bed, for the purpose of inducing perspiration. It has been administered with success at the Middlesex Hospital, and in many private families, in cases of rheumatism, pain from exposure to damp, contraction, and many other disorders. The apparatus consists of a cradle of basket work, a curved tube, a lamp for burning spirits of wine, and an extinguisher; the expense of all does not exceed thirty shillings. *Besides these*, a small mattrass and coarse blanket are used to preserve the bed and bed-clothes from damp. A short description of it was published in 1820, by Charles Gower, M.D., Physician to the Middlesex Hospital, and is sold, price 1s., by Dedrick Smith, No. 14, Gerard-street, Soho, where the apparatus is manufactured, and constantly ready for sale.

LAMP WITH SAUCEPAN over it.

READ'S PATENT SYRINGE, by means of which the most inexperienced person may administer an injection either in their own case or that of another.

STONE BOTTLE, to hold hot water to warm the feet, with corks to fit well. Sometimes one of tin, copper, or composition metal, is preferred: it should have a flannel cover.

A Triangular Stone Bottle, for the same purpose, has lately been made; the hole for pouring in the hot water is in the middle, and it has the advantage of being kept upright, and is not liable to roll away.

A **COMMON FOOTSTOOL**, may have a tin case fitted into it for the same purpose.

STOMACH TIN, for the same purpose.

A **PIECE OF OILED STUFF OR SILK**, 6-quarters wide, to put below the sheet and blankets in cases in which fomentations, or any other cause, endanger the bed beneath becoming damp. It should if possible be exposed to the air, to get quit of the smell of oil before being used. Mackintosh's Water Proof Cloth is also very suitable for this purpose.

In some cases of lameness and confinement, fine worsted or linen girthing, fastened to the bedpost, for a Patient to raise himself by, has been found useful.

A **SILK HANDKERCHIEF, WARMED**, will be found the best thing for wiping cold perspiration off the face.

A **FLANNEL BEDGOWN**, reaching only to the waist, is often a comfort when confined to bed.

LARGE SQUARE SHAWL OR CLOAK.

SMALL PILLOWS, of wash-leather, filled with down, or pillows filled with air, which are cooler. Some Invalids find the air pillow more useful for supporting them in sitting upright, than appropriate for the head.

Cushion, made with compartments, filled with air.

Seat for carrying an Invalid; a piece of leather, lined with ticking, the size of a chair bottom, and fastened round a wooden roller at the two sides, for the persons carrying to grasp.

In cases of lameness or gout, when the weight of the bed-clothes is painful, a sort of very small inverted cradle is useful.

NIGHT BOLT, by which a person in bed can bolt and unbolt the door.

DOWN COVERLET. A very great luxury, where an Invalid is distressed by the weight of the blankets.

We have heard that much comfort has been found, in cases of great debility, from a new kind of **ELASTIC BED**, stuffed with iron wire, which, by pressing equally every where, gives more rest to the Patient, with less danger of the soreness often induced by long confinement to bed. This bed can be fitted to any bedstead, and is not more expensive than a feather bed.

A very simple and useful kind of **BED-TABLE** is formed by three flat pieces of light wood: one for the slab or table part (say two feet broad), and the other two the same in breadth as the slab, but only eight or nine inches in depth, for the legs or standing part of it.

A very convenient **TABLE**, for reading in bed or on the sofa, consists of two pieces of thin cedar or mahogany, about $2\frac{1}{2}$ feet long, with two short ones, 12 or 15 inches long, to cross at the ends. These pieces are fastened together by the four legs, 12 or 18 inches long, the upper part of them being made in the form of a screw, to vary the height of the Table, while its length is varied by a groove, in which the cross piece at one end slides backwards and forwards. A little light reading desk (or a tray with food) will lie conveniently on this skeleton table, while its form prevents any pressure whatever on the reclining or recumbent patient.

The following articles it may be desirable to have in sickness; but they are not mentioned with the others, as they will be found in use in most houses.

FLANNEL DRESSING GOWN.

LIST SHOES AND WOOLLEN GLOVES, for a sitter-up at night.

SILVER KNIFE. GOOD APPLE SCOOP.

There are few disorders in which *ripe fruits* are not allowed, and none are more grateful than apples and pears scraped, which keep cool longer in the mouth and throat than water, &c. Of course care must be taken to keep free from the *cores* and from *lumps*.

TIN KETTLE.

SILVER-PLATED CAN, for warming water quickly, and never used for any other purpose.

FIRE GUARD, to hang on a grate.

WOODEN COAL-BOX. Mahogany is almost as noisy as iron—it should be of *deal*, or some other soft wood.

GOOD NIGHT LIGHTS.

CANDLE STAND. CANDLE SCREEN.

LARGE AND SMALL FAN.

A COMPLETE SET OF TEA-THINGS, to be kept in the sick room or anti-room: to include tea-canister and sugar, in lumps and pounded.

A PAPER TEA-TRAY, or one made of deal, with round instead of square feet. When there is great sensibility to noise, a flannel cover, to lie under the linen one, may be used.

A FINE SIEVE, the size of a tea-cup.

A sort of **STAND**, like a castor-stand, for such medicine phials as are *in use*.

In some cases, a **NIGHT DRESS**, that ties down, instead of having to put it over the head, is a comfort.

APPENDIX.

No. II.

(REFERRED TO PAGE 18.)

IN the remarks which are added to the titles of the books, the Compilers have wished so far to give an idea of their contents as might offer a little assistance in selecting works suited to the Invalid's general taste and present state. They by no means pass judgment on the merits of the various books; but having known most of them to be acceptable to different individuals, they suggest them as likely to prove so in other cases.

CATALOGUE OF BOOKS.

In the book-case, mentioned as a desirable piece of furniture in the anti-room of the Sick chamber, we recommend to have kept such of the following books as may be read in small portions, may be constantly referred to, and which will not tire: the rest may be procured from libraries, if wanted for more miscellaneous reading. The Sick may read the same books two or three times over; it often being an advantage to them to be a little familiar with what they are reading or hearing.

A BIBLE, in three or five vols.; good, clear print, light binding, to open well, leaves not yellow-edged (which smell of brimstone), nor rough calf binding.

Where a house or book-case is spacious enough to admit of luxuries, it would certainly be one to have, further,

SCOTT'S OR HENRY'S BIBLE; but from the very large size of these books (being each in six quarto vols.), as well as from the notes being in small print, they are more calculated to be read

by the Attendants than by the Patient. It is a very desirable thing for the Sick-room, if not for all others, that there should be judicious

SELECTIONS FROM THE BIBLE, in small volumes.

DAILY BREAD, which contains a text for every day in the year, each text comprising a duty and a promise.

DODDRIGE'S FAMILY EXPOSITOR, which is a paraphrase and version of the New Testament, with critical notes and a practical improvement of each section; vols. 8vo.

COLLECTIONS OF PSALMS AND HYMNS, which are peculiarly acceptable to the Sick. A hymn often impresses some one sentiment, leaves a few words on the mind, perhaps associated with a tune. Verse is more easily remembered than prose, returns to the memory in the night, and assimilates better with the enfeebled and discomposed state of the spirits; and, when read aloud, the regular measure has often a very soothing effect.

SACRED POETRY, 1 vol. 32mo.; especially *adapted* to the Sick.

FAWCETT'S SICK MAN'S EMPLOY, contains suitable and solemn subjects for meditation and prayer.

THE SICK MAN'S FRIEND, contains Reflections, Prayers, and Hymns, adapted to the different circumstances of the Sick; is intended to form Devotional Exercises for the profitable employment of their time, and for a preparation against the hour of death. By the Rev. J. Fry, A.B., Rector of Desford, &c. "The design of this work is to afford a small and cheap book for the use of the sick person himself. It is particularly calculated for those situations where the attendance of the Pastor or Visitor cannot be so frequently expected as would be desirable, and where there is cause to fear a want of those instructions unto righteousness, and those consolations of religion, which are so necessary in these awful circumstances."

MADDOCK'S HOURS OF SICKNESS. A still smaller work of the same character.

COMPANION FOR A SICK BED.

SACRA PRIVATA of Bishop Wilson. Very valuable short reflections on particular Scripture passages.

MARCH'S SABBATHS AT HOME. A commentary on the 42nd and 43rd Psalms; adapted to the circumstances of a person detained unwillingly from public worship. 1 vol. 8vo.

CECIL'S FRIENDLY VISIT TO THE HOUSE OF MOURNING. A short and very valuable address to a person in affliction, principally from the loss of friends, and directing to a personal improvement of the various circumstances of the bereavement.

A COLLECTION OF CONSOLATORY LETTERS, ADDRESSED TO CHRISTIANS IN AFFLICTION. A small work, containing Fifty-two Letters from various eminent Christians, to persons in great variety of afflictive circumstances. Edinburgh, 1823.

CHRISTIAN SYMPATHY. A collection of Letters addressed to Mourners. Dublin, 1822.

CONSOLATION FOR MOURNERS, or Faith's Estimate of Afflictive Dispensations; in five Sermons on the words "It is well." (2 Kings iv. 26.) By the Rev. John Hill.

THE SOLACE OF AN INVALID. Second edition, 12mo. By the Author of *Koromantyn Slaves*.

A COLLECTION OF RELIGIOUS LETTERS, from Books and Manuscripts. Selected by the Rev. John Brown, Whitburn. The names of the Rev. Philip Henry, John Howe, J. Walker of Truro, John Hill, James Hervey, H. Venn, and Drs. Owen, Doddridge, Calamy, Conder, &c. &c. stamp a value on this work to all who are acquainted with them.

NEWNHAM'S TRIBUTE OF SYMPATHY. Addressed to Mourners. Fifth edition, 1828. The author of this valuable little work seems to have a lively conception of the tenderness and consideration indispensable in every attempt to comfort the Mourner, and to lead him to make a proper improvement of his sorrows. We warmly recommend it to the attention of the afflicted and the sorrowful, on the ground of the many testimonies which have been

given to its efficacy, by those who have experienced its aid in soothing their sorrows, and leading them to the only true source of comfort.

CECIL'S REASONS FOR REPOSE. Short convincing Evidences of Christianity.

RAMBACH'S MEDITATIONS ON THE SUFFERINGS OF OUR LORD AND SAVIOUR JESUS CHRIST, in which the history of the Passion, as given by the four Evangelists, is harmonized and explained. Second edition, vol. 1, 8vo. "Never," says the Rev. Wm. Richardson, of York, "did the writer of this preface read a book that left upon his heart so vivid, so distinct a perception of the mind that was in Christ Jesus; of the value, the propriety, and the use of all the circumstances of his sufferings and humiliation. The author possesses the happy skill of setting before our eyes the whole scene in which we are so deeply interested," &c. &c.

POEMS AND ESSAYS, BY MISS BOWDLER. Chiefly religious, on the duties and advantages of Sickness, on Resignation, Fortitude, &c. &c. These come with much interest and weight to the Invalid, as they were written during illness, for Miss B.'s own use, and not seen by any one until after her death.

SYMPATHY; or, the Mourner Advised and Consoled. By the Rev. John Bruce. Addressed to those who are suffering from bereavement, but advancing general principles, which are applicable in the way of instruction and consolation to every case of individual or domestic calamity.

BOSTON'S CROOK IN THE LOT. The substance of several sermons on Eccles. vii. 13, Prov. xvi. 19, and 1 Peter v. 6: displaying the Sovereignty and Wisdom of God in the afflictions of men. A book that has been of great service to many, giving them juster views of their advantages and obligations under affliction than had been suggested to them by any other work. 1 vol. 32mo.; an old work re-published by Nisbet, Berners-street, London, 1828.

FENELON ON DEJECTION OF SPIRITS. This has been found by many a great assistance and support under depression. It is usually added to a little treatise on Christian Perfection, by the same author. There is a tenderness in his writings which makes him peculiarly acceptable to the Sick and dejected.

HIS SPIRITUAL LETTERS, 2 vols., published in Dublin, are not easily to be met with elsewhere; but **MARSHALL'S EXTRACTS**, 1 small vol., has not the same disadvantage.

HENRY'S PLEASANTNESS OF A RELIGIOUS LIFE (1 vol. 32mo.), is a cheerful and pleasing little work.

BROOKS'S MUTE CHRISTIAN under the smarting rod; with sovereign antidotes for every case. A small and valuable work of one of the old Divines, treating of the great duty and advantage of submission and resignation under affliction, and of the great criminality and danger [of murmuring. It abounds in lively thoughts and striking similitudes.

Books more particularly helpful to the understanding of the Holy Scriptures:—

GASTRELL'S CHRISTIAN INSTITUTES; or, the Sincere Word of God collected out of the Old and New Testaments, digested under proper heads, and delivered in the very words of Scripture. 12mo.

STACKHOUSE'S HISTORY OF THE HOLY BIBLE, from the beginning of the world to the establishment of Christianity; with answers to most of the controverted questions, dissertations upon the most remarkable passages, and a connexion of profane history all along.

This work (says the Rev. Hartwell Horne) has always been highly esteemed. A new edition of it was published in 1817, 3 vols. 4to., by the Rev. Dr. Gleig.

HOWELL'S HISTORY is a much smaller work, and is very satisfactory.

FLEURY'S MANNERS OF THE ANCIENT ISRAELITES, containing an account of their peculiar customs, ceremonies, laws, polity, religion, sects, arts and trades, &c. &c.

This excellent work, says the Bishop of Norwich (Dr. Horne), should be put into the hands of every young person.

HARMER'S OBSERVATIONS on divers passages of Scripture, placing many of them in a light altogether new, by means of circumstances mentioned in books of voyages and travels into the East. London, 1816; 4 vols. 8vo.

THE HEART'S EASE; or, a Remedy against all Trouble. By Simon Patrick, D.D., 1659; re-printed 1834. Presents the arguments for patience in a peculiarly lucid and convincing point of view, and possesses many other excellencies.

BURDER'S ORIENTAL CUSTOMS. This is an useful abridgment of Harmer's Observations, with many valuable additions from recent voyagers and travellers, arranged in the order of the books, chapters, and verses of the Bible. 1822; 2 vols. 8vo.

BURDER'S ORIENTAL LITERATURE. A sequel to Oriental Customs. 1822; 2 vols. 8vo. There is one work which comprises the subjects of all the above—**HARTWELL HORNE'S INTRODUCTION** to the Critical Study and Knowledge of the Holy Scriptures. 4 vols. 8vo. This is a sort of Encyclopædia of Biblical information. The genuineness, authenticity, inspiration of the Scriptures; account of the languages, manuscripts, versions, and various readings; the principles of interpretation, general and particular; seeming contradictions; copious catalogue raisonnée of books tending to elucidate the Bible; valuable tables, and an historical, biographical, and geographical index, or rather dictionary of persons, places, &c. There is an abridgment of the above, by the author; 1 vol. 12mo.

BICKERSTETH'S SCRIPTURE HELP. A most useful work.

HISTORY.

JOSEPHUS' HISTORY OF THE JEWS, translated by Whiston. 4 vols. 8vo.

PRIDEAUX'S OLD AND NEW TESTAMENT, continued in the History of the Jews and neighbouring Nations, from the declension of the kingdoms of Israel and Judah to the time of Christ. 10th edit., 4 vols. 8vo., 1808.

SHUCKFORD'S SACRED AND PROFANE HISTORY OF THE WORLD, connected, from the creation of the world to the dissolution of the Assyrian empire. 4 vols. 8vo., 1743; best edition.

HISTORY OF THE JEWS, by Hannah Adams. In conjunction with the study of this peculiar people, some attention should

be given to PROPHECY, which, from having been interpreted by history through every age, even until now, becomes more and more striking as we advance; and at this point of our progress it seems as though we could not go on without it. Every event, every new institution, seems to urge us with accelerated velocity towards that predicted time, when "the kingdoms of this world shall become the kingdoms of our Lord, and of his Christ."

ILLUSTRATIONS OF PROPHECY. The testimony and opinions of many former commentators, and a truly interesting work. 2 vols. 8vo., 1796.

NEWTON ON THE PROPHECIES, 2 vols. 8vo.

KETT'S HISTORY THE INTERPRETER OF PROPHECY.
2 vols. 8vo.

MILNER'S CHURCH HISTORY, and Continuation by the Rev. John Scott. vols. 8vo.

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BURNET'S HISTORY OF THE REFORMATION, or the
ABRIDGMENT of it, in 2 vols. 12mo.

SERMONS.

THERE is no reading in which it is so difficult to judge, or even guess for another. We will only mention

BISHOP HORNE'S, 4 vols.

BUDDICOM'S SERMONS, and his **CHRISTIAN EXODUS.**

JAY'S SHORT DISCOURSES.

DODDRIDGE ON REGENERATION.

RICHARDS' SERMONS—MEMOIRS AND LETTERS.

STEWART'S SERMONS.

GISBORNE'S SERMONS; particularly three of them, on the text—"My grace is sufficient for thee."

CRAIG'S PATRIARCHAL PIETY.

BEVERIDGE'S PRIVATE THOUGHTS, though not Sermons, we will mention here, as they are much valued by many persons.

BIOGRAPHY.

LIFE OF PHILIP HENRY, a Non-conformist Minister. This Life, though possessing much historical interest, yet displays its subject chiefly as a Minister and head of a family, in which we find a union of the gentleman and the scholar with the Christian, and a consistency of character seldom attained. Those who are interested in him may learn more of his family from the life of his son and biographer, Matthew Henry—best known as the author of an Exposition of the Scriptures, which has been and will be valued above many; and of his daughters, Mrs. Savage and Mrs. Hulton. The interest of all these lives arises rather from display of character, and of cheerful piety, than from variety of incident.

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MEMOIR OF THE REV. LEGH RICHMOND, M.A., author of the Dairyman's Daughter, &c. &c., by the Rev. T. Grimshawe, Rector of Burton-Latimer. 1 vol. 8vo.

"This Memoir is not a dry detail of uninteresting particulars, but an accurate and vivid portrait of a mind richly endowed by nature, and most deeply hallowed by the spirit of genuine religion."

LIFE OF COLONEL HUTCHINSON, by his wife. 2 vols. 8vo. He was governor of Nottingham Castle under Cromwell, and added to the piety of his own party the polish and accomplishment of his opponents. His Life was written for the use of his children, and is given with great simplicity and beauty, as also is a Memoir of herself, which is annexed to it.

MEMOIR OF LADY RACHEL RUSSELL, with her letters to her husband. 1 vol. 8vo. This is a beautiful picture of a gentle, attached, devoted wife, and is calculated to make us feel how great must be the power of that religion which could enable her to be the support of her husband and family under some of the heaviest trials which human nature is ever called to endure.

MEMOIRS OF GEORGE BAILLIE AND LADY GRISEL BAILLIE, by their daughter, Lady Murray. 1 vol. 8vo. Two interesting characters, who went through many difficulties in consequence of their attachment to the family of Stuart.

TOUR TO ALET and the Grand Chartreuse, by Dom Lancelot, one of the Fathers of Port Royal. 2 vols. 8vo. Contains many interesting accounts of the recluses of those institutions, and of the Jansenists. Perhaps no single work was ever published more qualified to amuse, disengage, or pacify the Invalid, than this. Its narrative may be pursued into the

DEMOLITION OF PORT ROYAL, or dispersion of the Nuns, by the same author; giving short accounts of their exemplary patience, &c. &c.

LIFE OF PRINCESS LOUISA, a Carmelite Nun, daughter of Louis XV. A beautiful example of self-denial and tenderness towards others. Very suitable to an Invalid; very interesting, yet not exciting.

WALTON'S LIVES of Donne, Wotton, Hooker, Herbert, and Sanderson. These Lives are written with a freshness and simplicity which render them peculiarly interesting.

LAVATER'S JOURNAL OF A SELF-OBSERVER. 2 vols. Well deserving its title. It is his private journal for two months—a most singular and striking work, but may by some be deemed enthusiastic and extravagant.

LIFE OF GELLERT, by Mrs. Douglas. An instance of an

exalted mind suffering from constitutional depression, struggling through its duties, and supported under them. It is prefixed to his *Moral Essays*, 3 vols., and occupies half of the first.

LIFE OF REV. JOHN FLETCHER, a Swiss, Vicar of Madely, in Shropshire, a village which he found in a state of great demoralization. His unwearied labours, with the blessing of God, produced a happy change, and his memory is still held in veneration in the scene of his former labours. It would be difficult to meet with a heart more overflowing with love to God and man. No difficulties discouraged him: by faith he "wrought righteousness, obtained promises," and "went on his way rejoicing."

There is a volume of his **LETTERS** published, from which many have derived encouragement, and been animated in their Christian race. Benson's *Life of Fletcher* contains many of his letters. Cox's *Life* is a much shorter one. Those who are much interested in Mr. Fletcher's *Life* may wish to know more of his wife. Her *Life* is published, in 2 vols. She belonged to the Methodist connexion, and held their peculiar tenets in their greatest extent.—Those who like to study variety of character, and can estimate great piety and benevolence in the midst of much that they cannot approve, will be repaid by the time spent in reading it.

LIFE OF COLONEL GARDINER, by Dr. Doddridge. So good an authority as his biographer is needed for some of the details in this book. He was an unbeliever in Christianity in early life, but became a disciple of Christ, and was an ornament to his profession. He was killed at the battle of Preston Pans.

LIFE OF DR. DODDRIDGE, by Rev. Job Orton.

LIFE OF ELIZABETH SMITH, in 2 vols. 8vo. Vol. 1st contains her life, and extracts from her journal and letters. Vol. 2nd, the life of Klopstock, the German poet, written by her, with many letters from him, his wife, and his friends. Miss Smith was an instance of uncommon mental and moral worth. Prosperity and adversity, health and sickness, were in turn made instrumental to her improvement.

REMAINS OF JOHN BOWDLER, ESQ., 2 vols. 8vo. He died at the age of 32. Vol. 1st contains a short memoir, and a journal of a voyage to Malta undertaken for his health, some letters, poems, and papers on general subjects. Vol. 2nd consists chiefly of Religious Essays. The strain of elevated cheerful piety

in which they are written, and the subjects of many of them—Faith, Trust, Hope, Love, &c.—make them peculiarly acceptable to the sick and depressed.

LIFE AND REMAINS OF THE REV. CHARLES WOLFE, Curate of Donoughmore. There is a cheerful, ardent piety, an affection to his friends and his flock, which endear him to all readers. Some of his Poems are very striking. His short Sermons (which are comprised in about half the volume), present generally a single original striking view of his subject, vividly conceived and forcibly expressed.

MEMOIR OF THE LATE MRS. PATERSON, wife of the Rev. Dr. Paterson, St. Petersburg; containing extracts from her diary and correspondence. This is the history of a strong and cultivated mind, both whilst under the influence of strong moral principle, and of such religious principles as she might be said to have derived from education and connection, and also of that happier period of her life after she had been led, by Divine grace, to discard, as insufficient for her safety, that ground of dependence for acceptance with God which had satisfied her before.

LIFE OF PHILIP MELVIL, ESQ., Governor of Pendennis Castle. Very interesting.

LIFE OF GENERAL BURN. Also interesting.

LIFE AND REMAINS OF THE REV. RICHARD CECIL. Striking and valuable.

LIFE OF THE REV. THOMAS SCOTT. Remarkably illustrates the influence of Divine grace in forming and maintaining a consistent Christian character. It is a treasury of valuable sentiments and matured judgments on many very interesting points.

REMAINS OF HENRY KIRKE WHITE, 2 vols.

CECIL'S LIVES OF BACON (the Artist), and **CADOGAN**. Short and valuable.

MEMOIRS OF THE LATE MRS. SUSAN HUNTINGTON, of Boston, Massachusetts, with an introductory Essay by James Montgomery, 1828. Collins, Glasgow; G. B. Whittaker, and Hamilton, Adams & Co., London.

THOUGHTS IN AFFLICTION, by the Rev. A. S. Thelwall, A. M., of Trinity College, Cambridge. Seeley and Burnside. Contains some very interesting remarks on self-examination.

A PRESENT FOR THE AFFLICTED, by Thomas Griffiths, A.M. T. Cadell, Strand. Very short, but interesting.

A TRIFLE OFFERED TO THE AFFLICTED, or, REFLECTIONS, ORIGINAL AND SELECTED.

MISSIONARY.

MISSIONARY travels, lives, and labours carry our attention far from home, pourtray man under some of the greatest sufferings and privations, yet exhibit the support he derives from having "underneath the everlasting arms."

THE MISSIONARY REGISTER, in Numbers.

PERIODICAL ACCOUNTS OF THE MISSIONS OF THE UNITED BRETHREN.

REPORTS OF THE DIRECTORS OF THE LONDON MISSIONARY SOCIETY.

THE MISSIONARY HERALD.

SCOTTISH MISSIONARY REGISTER.

THE BIBLE SOCIETY REPORTS—than which no reading can more enlarge or cheer the mind: they lead it to a more extended participation in, and comprehension of, the plans of Providence; they give a prophetic welcome to the coming of his kingdom, and, though we may not absolutely remain here long enough to see that kingdom arrive, we can, by their aid, even now discern its near approach, and may hope to share in that joy in heaven which shall hail its full establishment.

Such works may also be resorted to as

BUCHANAN'S CHRISTIAN RESEARCHES. These are extremely interesting to many persons—others find the details of the state of the natives, of their sufferings and superstitions, very depressing.

PEARSON'S LIFE OF DR. BUCHANAN.

MEMORIAL SKETCHES OF THE REV. DAVID BROWN, of Calcutta; extremely interesting.

LIFE OF HENRY MARTYN, a man of great sensibility and devotedness to the service of his Divine Master. This highly interesting Life is found by some to be depressing, from the sufferings endured by the subject of it. These were not so great during the latter part of his life, spent in Persia.

LABOURERS IN THE EAST. A small work, which gives an abridged view of the labours of the three last mentioned Missionaries.

MYLNE'S RETROSPECT OF MISSIONS IN CHINA.

CHINESE GLEANER, 2 vols.

MRS. JUDSON'S LETTERS. Giving an account of an American Mission established in the Birman Empire, 1814. A very interesting account, which enables you to become personally acquainted, as it were, with many of the natives, and irresistibly excites your sympathy with the writer.

MEMOIRS OF MRS. HARRIET NEWEL, who accompanied her husband, an American Missionary, to India, and died at the age of 21.

JOWETT'S CHRISTIAN RESEARCHES IN SYRIA AND THE MEDITERRANEAN. 2 vols. Very interesting.

LIFE OF BRAINERD, Missionary among the North American Indians; also very interesting.

LIFE OF SCHWARTZ. Interesting, as every thing relating to such a Missionary must be; but too desultory in the arrangement.

LATROBE'S SOUTHERN AFRICA. Gives an account of the principal Moravian Missionary Settlements there, and of the wonderful change produced in the habits and lives of the Hottentots by the introduction of Christianity.

CAPTAIN WILSON'S MISSIONARY VOYAGES to the South Sea Islands.

CRANTZ'S HISTORY OF GREENLAND.

BROWN'S HISTORY OF MISSIONS. 2 vols.

BISHOP HEBER'S JOURNAL. 3 vols. 8vo. This work comprises almost all we wish for in a book for an Invalid. A constant variety of scenery, all distant and dissimilar from what surrounds us, seen and described by a man whose various talents leave

nothing unobserved, and whose unvarying kindness prompts him to observe all with an eye of love. It is constant repose and refreshment to the mind to be in company with such a man, and, from the size of the work, we have for a long time an old friend, as it were, to turn to.

TRAVELS IN THE EAST.

WHEN the heart is in a subject, and the attention wedded to it, any books, of even mere collateral relationship to it, are acceptable. Thus, whatever serves to illustrate various passages of Scripture—whatever describes the scenes of Scripture history, seems, as it were, to detain us in the precincts of the temple, and, though only in “the outer court,” we are pleased to linger there, rather than descend to scenes and subjects which must especially be insipid on comparison. Were it but that worldly concerns and interests are so limited,—measured to the poor Patient, perhaps, by days and hours,—they are for that reason less suitable to him. With the Bible for his library, his mind may expatiate “beyond the flaming bounds of time and space”—a further world, a city “whose builder and maker is God,” opens before him, and he strives to contemplate it as his true home. To him, therefore, the concerns, the prospects, the occupations of the *country he is going to*, offer the most interesting subjects. Scott said that “writing his long Bible Commentary repaid him for his labour, by the pleasure felt in thus having the whole body of Scripture kept constantly revolving before him.”

There is always a great advantage in reading travels in the East, from the manners, and even the dress, never changing, but the customs, usages, mode of living, utensils, &c., remaining the same as in the time of our Saviour; so that Dr. Clarke says, “in riding into Nazareth, he saw the stone jars that might have contained the water and wine at Cana, lying on the side of the hill,” and “two women grinding at the mill.”

BROQUIERS' TRAVELS IN PALESTINE. He was Squire to Philip le Bon, Duke of Burgundy, and went a pilgrimage to Jerusalem in 1438.

JOINVILLE'S, are about the same period.

MAUNDRELL'S JOURNEY TO ALEPPO.

SHAW'S TRAVELS.

BUCKINGHAM'S TRAVELS IN PALESTINE, and the countries east of the Jordan. 2 vols. 8vo. These travels are later than Dr. Clarke's, and Mr. B. gives his reasons for believing that the right locality has been preserved of some of those objects of interest of which Dr. C. doubted.

BUCKINGHAM'S TRAVELS AMONG THE ARAB TRIBES.
2 vols. 8vo.

BUCKINGHAM'S TRAVELS IN MESOPOTAMIA, including a Journey from Aleppo to Orsah (Ur of the Chaldees), through the plains of the Turcomans, Babylon, Nineveh, to Bagdad.

BUCKINGHAM'S TRAVELS IN ASSYRIA, MEDIA, and PERSIA, including a journey from Bagdad, over Mount Zagros, to Hamadan, the ancient Hechatana, and Persepolis.

ALI BEY'S TRAVELS IN MOROCCO, TO MECCA AND JERUSALEM, is a book which combines great variety of interest. He was a Spanish Jew, and travelled as a Mahomedan. He resided some time in Morocco, and went a pilgrimage to Mecca, and to the mosque now situated on the spot where the temple stood at Jerusalem. His perils in crossing the Desert, and on the Red Sea, are strongly interesting.

SIR JOHN CHARDIN'S TRAVELS IN PERSIA.

MORIER'S TRAVELS IN PERSIA.

NIEBUHR'S TRAVELS THROUGH ARABIA and other countries in the East. 2 vols. 8vo.

CLARKE'S SECOND VOLUME OF TRAVELS.

KER PORTER'S TRAVELS TO THE RUINS OF BABYLON. This work would gratify every description of readers, and conducts those interested in Christian and Biblical research again into Persia, there to hear Henry Martyn called "the man of God," and blessed as the donor of the Scriptures in that country.

WILSON'S PELLEW ISLANDS, containing the account of Lee Boo: and those who are interested in the union of simplicity and refinement of that people may like to turn to

CAPTAIN HALL'S VISIT TO LOO CHOO, a small island

of similar character. This, with his Travels in South America, are published in Constable's Miscellany, 3 small volumes, good print. This last is written in a very lively style, and contains visits to some of the New Republics at a very interesting period of their history.

THE LATE VOYAGES TO THE ARCTIC REGIONS, AND THE EXPEDITIONS INTO THE INTERIOR OF AFRICA, have been found very interesting.

FICTITIOUS NARRATIVE.

INSTRUCTIVE RAMBLES THROUGH THE METROPOLIS. A book which, though intended professedly for the young, may be read with much interest, and not without some profit, at any age. In many respects, works designed for the young are the most useful to the Sick, since they often require less trouble in reading and understanding than books in which the same subjects are more sagely treated. The very Sick, as well as the very old, would often gain by being provided for, as children now are, in respect to books and amusements.

CHEAP REPOSITORY TRACTS, 3 vols. These stories can never lose their interest, however familiar; and though they do not yield the charm and relaxation of mind resulting from a perusal of Robinson Crusoe, they are particularly calculated for the attendants to read aloud.

COTTAGERS OF GLENBURNIE, 1 vol. 8vo., by Mrs. E. Hamilton, depicting chiefly the lower orders in Scotland.

RICHMOND'S ANNALS OF THE POOR, 1 small vol., containing the "Dairyman's Daughter," "Little Jane," and the "Negro Servant;" narratives which, the oftener they are read, the more deeply they interest the mind.

LUCY CLARE. A beautiful story.

SERJEANT DALE. Also interesting.

JESSY ALLAN—shewing how religion had enabled her to bear easily what she had thought impossible.

LAST DAY OF THE WEEK.

FATHER CLEMENT. A Roman Catholic story.

ELSPETH SUTHERLAND ; or, the Effects of Faith.

PILGRIM'S PROGRESS. Gilpin's edition is a little modernized. Scott and Newton have published it, with notes. This is peculiarly calculated for Sick-room reading, being cheerful, and yet keeping steadily to that subject, which, whatever the healthy or worldly may think of it, will make itself interesting to the Sick—to whom *all* other subjects often appear insipid, distasteful, or impertinent.

NEW ROBINSON CRUSOE. Let it not be thought that any step downward is here taken, as the reflections in this little book awaken religious feelings beyond what are often inculcated by books of a more decidedly religious character. The story being old and trite, should not form an objection to an Invalid, because it is better for him to deal with subjects, or heroes, familiar to him, than to have his mind drawn out and excited by new and intricate objects; as in illness there is sometimes an unnatural superfluity of curiosity and interest, which renders novelty injurious. There will, however, be sufficient interest in the story itself, to those who have not before seen this version of it; and we have known people, especially Sick people, pleased with the perusal of it every year of their lives. Robinson's situation is for ever striking and unique, and productive of new emotion; the change of climate, &c. &c. involved in the story, produce something like the effect of travelling, or of sea-air, on the mind. How important this, to one who has to cater for the night—for night after night—for the "weeks of nights," and "months of vanity," appointed for the confirmed Invalid! Those who cannot turn in bed compute time by a different measure from people in health. There is no situation that more forcibly than Robinson Crusoe's impresses upon the mind the comforts of social life, and those which can be relished by an Invalid.

HELON'S PILGRIMAGE TO JERUSALEM. A fictitious history, in which the pilgrimage of an Alexandrian Jew is made the vehicle of information on the religious, political, and domestic state of the Jews, a short time previous to the coming of our Saviour.

EXCITING READING.

IN some part of the Invalid's painful warfare, it may be useful to read accounts of what has been endured by human nature, under the influence of various motives and passions, to shew it in many serious situations and emergencies; but this sort of reading must only be indulged under medical, or other prudent control. There are situations in the progress of a disorder, or the course of a long confinement, when such subjects of thought would be inadmissible, and they must not be allowed when there is any danger of over-excitement.

SHIPWRECKS SELECTED, 3 vols.

LOSS OF THE KENT EAST INDIAMAN.

MEMOIRS OF M^{DE}. DE LA ROCHEJAQUELIN, 1 vol. wife of one of the commanders of the civil war in La Vendée; a very timid woman in prosperity, conducted through most trying scenes.

CLERY'S NARRATIVE. He was attendant on Louis XVI. when in the Temple.

TRAVELS IN THE ARCTIC REGIONS, more particularly Frankland's first journey overland, when exertion under suffering seems to be carried to its utmost limits. All those undertaken in search of the North Pole are published by Murray in 5 small light vols. good print. The most interesting parts of these, with Captain Cochrane's Walk to Kamtschatka, are published in 1 vol. for children, under the title of "Northern Regions."

 ENTERTAINING READING.

THERE are books, which though not bearing *directly* upon religious subjects, are yet written under its spirit, and, incidentally, favour the most solemn impressions, or inculcate the most important lessons. There are others that sometimes impart a sacred touch, as it were, where you would not have looked for it, while

others are merely of an innocent description. But as all persons are liable to Sickness, and as *long* illness will require variety of reading, it may not be wholly useless to set down a few books of innocent amusement, where, if no higher interest is excited or gratified, a pastime may be suggested, that may at least prove a retreat from weariness or impatience. Mentally to make a tour of Europe in this way, may be a useful diversion from bodily confinement; and after

NEWTE'S TOUR IN SCOTLAND, and

DEWAR'S, or CROKER'S, IN IRELAND,

THE DIARY OF AN INVALID carries you in imagination to THE CONTINENT. This title is in some danger of misleading, as you hear little of the INVALID, except his judgment of statues, his description of country, &c. &c., all of which is excellent.

AN AUTUMN NEAR THE RHINE, is a truly amusing description of that part of Germany; and the more northern countries are well described in

CLARKE'S TRAVELS, 6 vols.;

FORSYTH'S ITALY; for it seems now acknowledged that Eustace saw every thing through the brilliant, but exaggerating medium of a Claude Lorraine glass.

SEMPLE writes of BERLIN, &c. amusingly, as he does also of SPAIN, though only one small volume.

COLUMBUS, CORTES, AND PIZARRO, by the Author of the New Robinson Crusoe (Campe, a German), and possess some of its charms, with the advantage of its being true history. They are translated by Mrs. Helme, the author of some ingenious works—especially of Instructive Rambles through the Metropolis.

WASHINGTON IRVING'S COLUMBUS. Where quantity is wanted as well as quality, this work will be found very valuable: perhaps it should have come under the title of *exciting* reading.

ELIZABETH; OR THE EXILES OF SIBERIA. This exquisite little true story, translated from the French, combines the charm of novel scenery with biography.

GONZALVO DE CORDOVA.

WALPOLE'S TRAVELS IN TURKEY AND GREECE.

HOBHOUSE'S DITTO.

HOLLAND'S TRAVELS.

HEAD'S TRAVELS IN SOUTH AMERICA. These are well calculated to produce new impressions on the mind, and, by the rapidity with which he carries you along over the Pampas, gives even to the stationary Invalid the idea of locomotion and change of place.

TULLY'S LETTERS FROM TRIPOLI.

SKETCHES OF PERSIA. Published without a name; written by Sir John Malcolm, author of the History of Persia. They are written in a very entertaining style, and are, as they profess, slight, but spirited sketches of the manners, customs, and literature, as shewn in his visit to Persia, and conversations with their literary characters. A very amusing book.

One advantage of *light* reading in illness is, that as you cannot at such times retain much of what you read, so neither with respect to some works do you *repine* that you cannot—which is no small exemption.

But though what is read during illness may in general soon pass away, there are instances of the strongest and happiest impressions being received at such times.

Some writer says, "The human mind is very like an acre of land—the season and the soil is often almost as important as the seed: a book may be read without exciting the smallest emotion—which book being read at another time, or by another person, shall be productive of strong and abiding impression."

APPENDIX.

No. III.

(REFERRED TO PAGE 28.)

Titles of Pieces suitable for reading or repeating to a Patient whom it is desirable to compose to sleep, with notices where they may be found.

FROM THE "ELEGANT EXTRACTS."

PARNELL'S HERMIT.

GRAY'S ELEGY.

COWPER'S ALEXANDER SELKIRK.

BEATTIE'S HERMIT.

BARBAULD'S SUMMER EVENING MEDITATION.

GOLDSMITH'S DESERTED VILLAGE.

GRAY'S ODE ON ETON COLLEGE.

SHENSTONE'S SCHOOL-MISTRESS.

FROM "ENFIELD'S SPEAKER."

POPE'S MAN OF ROSS.

GOLDSMITH'S COUNTRY CLERGYMAN.

THE OLD MAN AND HIS ASS.

THE CHOICE OF HERCULES.

DYER'S GRONGAR HILL.

STERNE'S LIBERTY AND SLAVERY.

COWPER'S FAITHFUL FRIEND.

MASON'S ODE TO TRUTH.

COWPER'S CATHARINE.

THE BEGGAR'S PETITION.

FROM THE SEQUEL (OR 2ND VOL.) TO ENFIELD'S SPEAKER.

THOMSON'S TRAVELLER LOST IN THE SNOW.

BARBAULD'S FOLLY OF INCONSISTENT EXPECTATION.

KEATE'S ADDRESS TO THE SEA.

WINTER PIECE.

FROM HOLLAND'S EXERCISES FOR THE MEMORY AND
UNDERSTANDING.

THE SEVERN AND THE WYE.

THE SOLAR SYSTEM.

BODY AND MIND.

MEMORIAL LINES FOR THE HISTORY OF ENGLAND.

MRS. TALBOT'S ODE TO CHEERFULNESS.

THE MYSTERY OF LIFE, BY GAMBOLD.

MY AIN FIRE-SIDE, BY MRS. HAMILTON, and many similar pieces, have been found useful: it being usually preferable to make use of such rather than of Scripture Extracts for this purpose, because they will better admit of being read and repeated with less or more life and spirit, according as the state of the Patient more or less approaches to drowsiness or unconsciousness.

THE END.

